

A Message from the Director

This program is most beneficial to your patients when used as a part of therapy year round. This is where the therapy really occurs, on a daily basis in a clinical setting with creative arts therapists, recreation and occupational therapists, craft care specialists and other healthcare professionals using the arts as an avenue toward achievement of restorative related goals.

The competitions and Festival serve as methods by which Veterans can receive recognition for their creative accomplishments. A great deal of this recognition is received at their local VA facility and all of you who participate in this process are to be congratulated.

The following are competition rules, information and tips for making your participation easier in the midst of your very busy schedule. There are numerous important changes in the competition handbook this year. Please take the time to review this handbook carefully. If you have further questions or need assistance in any way, you may contact the national chairpersons or me at any time.

*The 2010 National Veterans Creative Arts Festival will be hosted by the Tomah VA Medical Center in La Crosse, Wisconsin during the week of October 18-25, 2010.

Elizabeth Mackey, MT-BC
Director, NVCAP

Videotape or DVD Request

To request a videotape or DVD of the Festival from a previous year, contact:

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National Director
VA Medical Center
4801 Veterans Drive
St. Cloud, MN 56303-2099
E-mail: Elizabeth.Mackey@va.gov
Telephone: (320) 255-6351
FAX: (320) 202-2325

Deadline Date

All entries submitted to the national level of competition **must be postmarked on or before April 1, 2010.**

2010 Highlights of Major Changes

Please Note: Changes for this year's competition are marked throughout this handbook as follows:



ELIGIBILITY: Veterans must be **enrolled at a VA Medical Center, Outpatient Clinic, or reside in a state veteran's home BEFORE entering** your local competition.

A checklist for each division has been added within each division's section. Please reference this checklist prior to sealing your padded envelope to be sure all of the items necessary for submission into that division are included.

Art Division

- Art Division categories have been renumbered.
- A **Group Art** entry category has been added (category #37).
- A **Mosaic Kits** art category has been added (category #52).
- A **Combined Kits** category has been added (category #53).
- Some categories that were present in the previous year's competition are not included this year. Categories are reviewed each year and are subject to be added, changed or eliminated at the discretion of the national committee.

Music Division

- All vocal and instrumental music division entries will now be submitted to Gary Johnson at the VA Eastern Kansas HCS - Topeka. See page 10 for Gary's complete mailing address.
- A **Vocal and Instrumental BAND** category has been added (category #43).

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National Rules

1. All required forms must be completed and **postmarked to the National Chairpersons no later than APRIL 1, 2010** in order for Veterans to be eligible to compete at the national level.



2. **ELIGIBILITY:** Veterans must be **enrolled at a VA Medical Center, Outpatient Clinic, or reside in a state veterans home BEFORE entering** your local competition. An eligible Veteran can enter local competition at **only one VA facility per year**. He/she can submit an entry in creative writing, dance, drama or music categories with a Veteran or group from another VA facility, but still represents and must go through his/her originating VA facility to enter the competition. This facility should be the site where he/she receives their primary treatment.

3. All entries in art, creative writing, dance, drama, and music must be accompanied by the appropriate **ENTRY FORM, and a signed, witnessed and dated RELEASE OF PICTURE AND VOICE FORM**. (Please use the forms provided in this handbook to make the necessary copies.)
4. No one Veteran will be allowed to enter more than three (3) categories of any one division and a Veteran can have only **one entry per category** in each national division. The divisions are: **Art** with 53 categories, **creative writing** with 19 categories, **dance** with 34 categories, **drama** with 22 categories, and **music** with 45 categories. Individual categories are listed within each division. Judges reserve the right to move an entry to another category if the one listed is not appropriate. First place ties in a category at the local competition **MUST** be re-judged at the local level as only **one entry for each category** will be accepted **from each VA facility**. A formal competition is not required at the local level but is strongly encouraged. All eligible Veterans should be given the opportunity to participate regardless of degree of talent.
5. Although no one Veteran is allowed to enter more than three categories of any one division, this would not include **groups** of which he/she is a member. Veterans are only permitted to enter **one** VA facility's competition per year.



**Note:* Veterans may not enter more than three (3) categories in any one division using a different name (i.e. pen name, stage name, different artist name, etc.).



6. A single entry may not be submitted into two or more categories within the same division.
7. The national chairpersons and judges of the competitions reserve the right to disqualify an entry if the above rules are not followed.

National Rules – The Competition Phase


1. Creative writing, dance, drama and music entries **must be three (3) minutes or less in length**. Any entries reaching the national level which are longer will be disqualified. **Send only the first place winners from your competition**. Only one winner for each category will be accepted from a VA facility.
2. **Once an entry has placed first** in the creative writing, dance, drama and music divisions at the national level of competition, **it is NOT eligible to be entered again**. **All artwork entered** (except for the Military Combat Experience category #15) **must have been created after April 1, 2009**. *All **videotapes** of creative writing, dance, drama and music entries must be recorded **after** April 1, 2009. **Creative writing, dance, drama, and music entries which have not placed first** at the national level of competition **should not be entered more than two consecutive years**.

Videotaped entries must be recorded live. No voice-over dubbing will be allowed.

3. **LABELING ENTRIES AND VIDEOTAPES:** Each entry must have a title slide shown on the videotape prior to the entry being shown. This is crucial to the judging process. The title slide can be inserted during the editing process of the videotape or it can be done manually prior to the taping of the Veteran. A hand written sign can be held up that states the category, title of piece and name of veteran(s) in the entry.

Be sure to label the videotape sent to each division (creative writing, dance, drama, music) chairperson. Label it with the name, city and state of your VA facility and list the category numbers in the order that they are presented on the tape.

4. **Creative writing entries** must be submitted on one single ½" VHS videotape **in the order that the categories are listed in this book**. Videotapes that are not in correct order will be disqualified. **Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. An E-mail including the typed text (do not send scanned copies of the text) of ALL creative writing entries MUST be sent to ngraphics04@att.net in order for the entry to be accepted and judged at the national level of competition.** Submit the videotape of the **creative writing entry(ies)**, entry and consent forms, list of entries and local level participation forms to the **National Creative Writing Chairperson, Liz Nealy, Houston, TX VAMC**. The text of all entries must also be sent via E-mail to Liz Nealy. *Please note the E-mail address above.
5. **Dance entries** must be submitted on one single ½" VHS videotape **in the order that the categories are listed in this book**. Videotapes that are not in correct order will be disqualified. **Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. Dance numbers MUST be accompanied by a lead sheet of the music in the correct key AND the cassette/CD accompaniment to be considered for invitation to the Festival.** Submit the dance videotape, lead sheet, cassette/CD, entry and consent forms, list of entries and local level participation form to the **National Dance Chairperson, Rachelle Vishneowski, Albany, NY VAMC**.

6. **Drama entries** must be submitted on one single ½” VHS videotape **in the order that the categories are listed in this book**. Videotapes that are not in correct order will be disqualified. **Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. A typewritten copy of the text of ALL drama entries MUST accompany the national entry form in order for the entry to be accepted and judged at the national level of competition. An E-mail including the typed text (do not send scanned copies of the text) must also be sent to Jean.Calhoun@va.gov.** Submit the drama videotape, typewritten copy of the text, entry and consent forms, list of entries and local level participation forms to the **National Drama Chairperson, Jean Calhoun, Tomah, WI VAMC**.
7.  **All Vocal and Instrumental music entries** must be submitted on one single ½” VHS videotape **in the order that the categories are listed in this book**. Videotapes that are not in correct order will be disqualified. **Review your entry tapes and make copies before mailing. Label your tapes according to the instructions given in Rule #3, page 6 – The Competition Phase. A lead sheet of music in the correct key for all musical numbers MUST accompany the national entry blank for the Veteran(s) to be considered for invitation to the Festival. Submit all vocal and instrumental music entries on one videotape, lead sheet, entry and consent forms, list of entries and local level participation form to the National Music Chairperson, Gary Johnson, Topeka, KS VAMC.** Please note, the presence of any vocals require that an entry be classified as a VOCAL entry, not an instrumental entry.
8. **Groups in creative writing, dance, drama and music are not limited in number of group members.** However, **no more than 15 eligible Veterans in one group will be funded by the Festival** should the entry advance to that level of the competition.
9. **Art entries** must be submitted as **digital images only. Do not submit the actual art, slide images or photographs of the art as they will be disqualified.** (See page 20 – for specific information.)
10. **There are two phases to the national level of the art competition.** The first phase is by a **DIGITAL** format and will determine the top three entries in each category. By the end of April, the staff contact person listed on the entry form of each of these top three entries will be notified and requested to send the actual artwork to Tomah, Wisconsin for the final phase of the national art competition. The phase two judges will determine 1st, 2nd and 3rd place in each category. **All 1st place gold medal winners from the National Art Division Competition will be invited to the Festival.**
11. The Department of Veterans Affairs reserves the right to withdraw any works for public display during the local or national competition phase.



12. Veterans in national first, second and third place groups of up to four in creative writing, dance, drama and music will each be presented a medal. Non-veterans and Veterans serving as accompanists, or dance partners, or female dramatic readers that enhance an entry when a male Veteran cannot be found will not receive medals. Groups of five (5) or more will be presented a single award item to be displayed in the Recreation area or other area designated by the Medical Center Director.
13. Each Veteran **must** work with a **VA staff member** from the facility at which he/she receives his/her primary treatment in order to enter the competition, or risk disqualification.
14. Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.
15. Final results of each of the five divisions of competition will be sent out via E-mail and regular mail to contact staff persons in mid-June. A list of Veterans invited to attend the National Veterans Creative Arts Festival will also be sent to the contact staff persons of the invited Veterans in mid-June.

National Rules – *The Festival*

1. Following the national judging, all of the first place-winning videotaped entries from the national competition in the creative writing, dance, drama and music divisions will advance for viewing and **possible** selection for inclusion in the 2010 Festival stage show performance. **SOME** of these first place-winning contestants will be invited to attend the National Veterans Creative Arts Festival to be hosted by the Tomah VA Medical Center in La Crosse, Wisconsin October 18-25, 2010. In addition, some of the second and third place entries from the creative writing, dance, drama and music divisions may also be considered for possible inclusion and invitation to participate in the stage show performance. Those invited to attend the Festival will be notified by June 15, 2010. All national first place-winning contestants from the **art division** will automatically be invited to attend the Festival and will be notified via their VA staff contact person by June 15, 2010.
2. **For the art division:** Veterans who have received a gold medal in the same category from the art division for two consecutive years must enter a different category the third year in order to be invited to the Festival. Failure to comply with this rule will result in disqualification. **For the performing arts divisions:** Veterans may only be invited to the Festival in the same category for two consecutive years. Veterans attending the Festival in the same category in 2008 and 2009 must be a winner in a different category in 2010 to be invited to the Festival. Medals, ribbons, and certificates may be won in any category for any number of years.
3. Veterans may not enter the same creative writing, dance, drama and music entry again once it has won first place nationally. Failure to comply with this rule will result in disqualification of the entry. Additionally, Veterans should be encouraged to enter new material each year rather than repeat entries.
4. Funding support and arrangements for travel to and from the National Veterans Creative Arts Festival for those invited Veterans should be the responsibility of the local VA facility. Housing, meals, ground transportation and other routine expenses during the Festival will be provided through national Festival funds. These expenses will be provided for up to 15 eligible Veterans per group.
5. Those invited to participate in the National Veterans Creative Arts Festival will be notified via E-mail to the VA staff contact person listed on the entry form, no later than June 15, 2010. **Veterans who are invited and accept the invitation must submit initial paperwork by July 1, 2010.** Invited participants **must submit all required Festival registration forms to Tomah, Wisconsin host site of the 2010 Festival no later than August 1, 2010.**
6. **Veterans who are invited to the Festival** must be prepared (either themselves or through their staff contact person) to send an E-mail including the words/lyrics of their entry in order for it to be placed in the show script. This includes lyrics for music, dance, and words/narration for all drama and creative writing pieces. E-mails can be sent to Suzanne.Anderson4@va.gov.
7. Performance costumes for winning acts invited to the Festival will be the responsibility of the participant(s). All participants will be requested to bring black pants or skirts and white, long-sleeved, collared shirts, but other production number costumes such as vests, hats, ties, etc., will be provided.

National Chairpersons

Art Division – Applied Art Categories

Paula Moran (11K)

National Art Chairperson

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E-mail: Paula.Moran@va.gov

Art Division – Fine Art Categories

Marisa Straub (DOM/43)

Visual Arts Assistant

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E-mail: Marisa.Straub@va.gov

Art Division – Craft Kit Categories

Becky Ballard (128/JB)

Visual Arts Assistant

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FAX: (314) 845-5039
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Creative Writing Division

Liz Nealy (117RT)

National Creative Writing Chairperson

VA Medical Center
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Houston, TX 77030
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E-mail: ngraphics04@att.net

Dance Division

Rachelle Vishneowski (117)

National Dance Chairperson

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FAX: (518) 626-5383
E-mail: Rachelle.Vishneowski@va.gov

Drama Division

Jean Calhoun (117M)

National Drama Chairperson

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FAX: (608) 372-1227
E-mail: Jean.Calhoun@va.gov

Music Division

Gary Johnson (T-11K)

National Music Division Chairperson

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Topeka, KS 66622
Phone: (785) 350-3111 x53068
FAX: (785) 350-4303
E-Mail: Gary.Johnson2@va.gov

Tips for Taking Better Digital Images

- **The art piece should fill the photo** – get as close as possible so the piece fills the viewfinder of the camera.
- **Include the framing and matting of pictures** – these are part of the total presentation. Pedestals or bases that are part of the artwork should also be included in the digital image.
- **Use soft pastel backgrounds rather than white backgrounds** – this can reduce glare.
- **Three-dimensional pieces may submit two images** – each image should show a different angle of the piece.
- **Watch for shadows on the background** – move the item being photographed away from the background to eliminate shadows.
- **Be alert for glare** – try changing the direction and location of the lighting or softening the light by bouncing it off a wall or screen.

Tips for Taking Better Videos

- Please take a few extra minutes preparing a video correctly in order to give your Veteran the best chance possible during the judging process and to save HOURS of time with the judging process for our judges who donate their time.
- **Focus on the performer**, not the accompanists. Avoid taping from the back of the room. Stage presence cannot be judged if you cannot clearly see the performer.
- In the case of videotaping dance acts, be sure to focus on the feet. Whole-body videotaping for dance entries is highly recommended.
- **Sound control** is important! Clear audio makes a performance much easier (and enjoyable) to judge. Make sure your sound is good and balanced.
- **Don't tape your entire show and then just go back and erase those acts that are not going forward to the national level.** Consider holding your local competition and then videotaping **ONLY** the first place acts that will be sent forward for national judging.
- **Creative writing, dance, drama, and music entries** must be submitted on one single ½" VHS videotape for each division or sub-division **in the order that the categories are listed in this book.** *Videotapes that are not in correct order will be disqualified.*
- It is necessary to **label each entry on the videotape with a title slide.** This can be done electronically via PowerPoint when editing your entries in the correct order onto the videotape, or it can be done manually by holding up a hand written sign that states the category, title of piece and name of the veteran(s) being shown on the videotape. This is crucial to the judging process.
- Check your tape before you mail it and **make sure every act you intend to be on there is in fact there.** Every year there are facilities that have unintentionally left someone's act off the tape. **Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase.**
- **Be sure to make a copy of your final videotapes for your own file/library in the event of lost or damaged videotapes.**

Journal of Rehabilitation Research and Development



JRRD is an open-access, international peer-reviewed rehabilitation journal published in English, with 10 regular issues published per year. The journal has been a leading research journal in the field of rehabilitation medicine and technology for 45 years. *JRRD* publishes original research articles, clinical studies, topical reviews, and editorials from U.S. and international researchers covering 31 rehabilitation disciplines (e.g., assistive technology, TBI, PTSD, prosthetics, hearing, and pain). The journal is an official publication of VA's Rehabilitation Research and Development Service.

Entries from the first phase of the national art division competition may have the opportunity to be reviewed by JRRD staff for inclusion on the 2011 journal cover. **Signed consent will be needed from Veterans who will allow images of their entries and Art Entry Forms to be forwarded to *JRRD* staff following the national art competition judging in June.** Please note the consent area on the Art Entry Form, page 31.

Station Numbers

STATE	NAME	STATION NUMBER
ALABAMA	Birmingham, Ala., VA Medical Center	521
ALABAMA	Central Alabama Veterans Health Care System, East Campus, Tuskegee	619A4
ALABAMA	Central Alabama Veterans Health Care System, West Campus, Montgomery	619
ALABAMA	Dothan Clinic	619GB
ALABAMA	Dothan Mental Health Center	619GC
ALABAMA	Madison/Decatur Clinic	521GB
ALABAMA	Tuscaloosa, Ala., VA Medical Center	679
ALASKA	Alaska VA Healthcare System and Regional Office, Anchorage	463
ARIZONA	Carl T. Hayden VA Medical Center, Phoenix	644
ARIZONA	Northern Arizona VA Health Care System, Prescott, Ariz.	649
ARIZONA	Southern Arizona VA Health Care System, Tucson	678
ARKANSAS	Central Arkansas Veterans Healthcare System Eugene J. Towbin Healthcare Center, North Little Rock	598
ARKANSAS	Central Arkansas Veterans Healthcare System John L. McClellan Memorial Veterans Hospital, Little Rock	598
ARKANSAS	Fayetteville, Ark., VA Medical Center	564
CALIFORNIA	Chula Vista (South Bay)	664GC
CALIFORNIA	East Los Angeles CBOC	691GF

STATE	NAME	STATION NUMBER
CALIFORNIA	Los Angeles Ambulatory Care Center	691B
CALIFORNIA	San Francisco VA Medical Center	662
CALIFORNIA	VA Central California Health Care System, Fresno	570
CALIFORNIA	VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center	691S
CALIFORNIA	VA Loma Linda, Calif., Healthcare System	605
CALIFORNIA	VA Long Beach, Calif. Healthcare System	600
CALIFORNIA	VA Northern California Health Care System, Martinez Outpatient Clinic & CREC	612
CALIFORNIA	VA Northern California Health Care System, McClellan Outpatient Clinic	612GH
CALIFORNIA	VA Northern California Health Care System, Oakland Outpatient Clinic	612
CALIFORNIA	VA Northern California Health Care System, Sacramento VA Medical Center	612A
CALIFORNIA	VA Palo Alto Health Care System, Palo Alto Division	640
CALIFORNIA	VA San Diego Healthcare System	664
CALIFORNIA	West LA VA Medical Center	691
CALIFORNIA	West Los Angeles Clinic	691GH
CALIFORNIA	Yountville, Calif. Veterans Home	VHyCA
COLORADO	Grand Junction, Colo., VA Medical Center	575

Station Numbers (*continued*)

STATE	NAME	STATION NUMBER
COLORADO	VA Eastern Colorado Health Care System, Denver, Colo.	554
CONNECTICUT	Connecticut Veterans Home, Rocky Hill	VHrCT
CONNECTICUT	VA Connecticut Healthcare System, West Haven	689
DELAWARE	Wilmington, Del., VA Medical Center	460
DC	Washington	688
EL PASO	El Paso VA HCS	756
FLORIDA	Bay Pines VA Healthcare System, Bay Pines, Fla.	516
FLORIDA	Daytona Beach VA Outpatient Clinic	675GB
FLORIDA	Lake City	573A
FLORIDA	Miami VA Medical Center	546
FLORIDA	North Florida/ South Georgia VHS	573
FLORIDA	Orlando VA Medical Center	675
FLORIDA	Tampa VA Medical Center	673
FLORIDA	West Palm Beach VA Medical Center	548
GEORGIA	Atlanta VA Medical Center	508
GEORGIA	Augusta VA Medical Center	509
GEORGIA	Carl Vinson VA Medical Center, Dublin, Ga.	557
HAWAII	VA Pacific Islands Health Care System, Honolulu, Hawaii	459
IDAHO	Boise VA Medical Center	531
ILLINOIS	Chicago Heights, IL	537GA
ILLINOIS	Decatur	550GA
ILLINOIS	Hines, IL VA Medical Center	578
ILLINOIS	Illiana HCS, Danville	550
ILLINOIS	Jesse Brown VA Medical Center, Chicago	537

STATE	NAME	STATION NUMBER
ILLINOIS	Marion, IL VA Medical Center	657A5
ILLINOIS	North Chicago VA Medical Center	556
INDIANA	Marion, IN	610
INDIANA	Indianapolis VA Medical Center	583
IOWA	Iowa City VA Medical Center	636A8
IOWA	Iowa Veteran's Home, Marshalltown	VHmIA
IOWA	VA Central Iowa Health Care System, Des Moines Division	636A6
IOWA	VA Central Iowa Health Care System, Knoxville Division	636D
KANSAS	Eastern KS HCS Leavenworth Division	589B
KANSAS	Eastern KS HCS, Topeka Division	589A
KANSAS	Wichita VA Medical Center	589A7
KENTUCKY	Lexington-CDD VA Medical Center	596A4
KENTUCKY	Lexington-LD VA Medical Center	596
KENTUCKY	Louisville, Ky., VA Medical Center	603
LOUISIANA	Alexandria VA Medical Center	502
LOUISIANA	SE Louisiana Veterans HCS	629
LOUISIANA	Shreveport VA Medical Center	667
MAINE	Togus, Augusta, Maine	402
MARYLAND	Baltimore, MD VA Medical Center	512
MARYLAND	VA Maryland Health Care System, Perry Point	512B
MASSACHUSETTS	Bedford VA Medical Center	518
MASSACHUSETTS	Jamaica Plain VA Medical Center	523
MASSACHUSETTS	Brockton VA Medical Center	523A
MASSACHUSETTS	New Bedford	650GA

Station Numbers (*continued*)

STATE	NAME	STATION NUMBER
MASSACHUSETTS	Northampton VA Medical Center	631
MASSACHUSETTS	West Roxbury	523C
MICHIGAN	Ann Arbor VA MEDICAL CENTER	506
MICHIGAN	Battle Creek, Mich., VA Medical Center	515
MICHIGAN	Grand Rapids	515BY
MICHIGAN	Iron Mountain, Mich., VA Medical Center	585
MICHIGAN	John D. Dingell VA Medical Center, Detroit	553
MICHIGAN	Lansing	515GB
MICHIGAN	Saginaw	655
MICHIGAN	Traverse City	655GB
MINNESOTA	Minneapolis VA Medical Center	618
MINNESOTA	Minnesota Veterans Home, Hastings	VHhMN
MINNESOTA	St. Cloud, Minn., VA Medical Center	656
MISSISSIPPI	Biloxi VA Medical Center	520
MISSISSIPPI	G.V. (Sonny) Montgomery VA Medical Center, Jackson, Miss.	586
MISSOURI	Columbia, MO VA Medical Center	589C
MISSOURI	Lake of the Ozarks	589GH
MISSOURI	Poplar Bluff, MO VA Medical Center	657A4
MISSOURI	St. Louis, MO VA Medical Center	657
MISSOURI	VA Heartland - West, VISN 15	589
NEBRASKA	VA NWIHS, Grand Island Division	636A4
NEBRASKA	VA NWIHS, Lincoln Division	636A5
NEBRASKA	VA NWIHS, Omaha Division	636
NEVADA	Sierra Nevada HCS, Reno, Nev.	654
NEVADA	Southern Nevada HCS	593
NEW HAMPSHIRE	Manchester VA Medical Center	608

STATE	NAME	STATION NUMBER
NEW JERSEY	VA New Jersey Health Care System, East Orange & Lyons	561
NEW MEXICO	New Mexico VA Health Care System, Albuquerque, N.M.	501
NEW YORK	Albany, N.Y., Stratton VA Medical Center	528E
NEW YORK	Auburn	528G
NEW YORK	Batavia VA Medical Center	528A4
NEW YORK	Bath VA Medical Center	528A6
NEW YORK	Brooklyn HHS	630A4
NEW YORK	Buffalo VA Medical Center	528
NEW YORK	Canandaigua, N.Y., VA Medical Center	528B
NEW YORK	Castle Point	620A4
NEW YORK	Hudson Valley HCS VA Medical Center, Montrose	620
NEW YORK	James J. Peters VA Medical Center, Bronx, N.Y.	526
NEW YORK	Jamestown	528GB
NEW YORK	Middletown	620GD
NEW YORK	New City	620GA
NEW YORK	New York HHS	630
NEW YORK	Niagara	528GD
NEW YORK	Northport, N.Y., VA Medical Center	632
NEW YORK	Plainview	632GA
NEW YORK	St. Albans HHS	630A5
NEW YORK	Syracuse, N.Y., VA Medical Center	528C
NEW YORK	Upstate New York HCS	528
NORTH CAROLINA	Asheville VA Medical Center	637
NORTH CAROLINA	Charlotte	659GA
NORTH CAROLINA	Durham VA Medical Center	558
NORTH CAROLINA	Fayetteville, NC VA Medical Center	565
NORTH CAROLINA	Jacksonville	565GA

Station Numbers *(continued)*

STATE	NAME	STATION NUMBER
NORTH CAROLINA	Salisbury VA Medical Center	659
NORTH CAROLINA	Wilmington, NC	565GC
NORTH CAROLINA	Winston-Salem	659BY
NORTH DAKOTA	Bismarck	437GB
NORTH DAKOTA	Fargo VA Medical Center	437
OHIO	Bellevue	539GA
OHIO	Brecksville, Louis Stokes VA Medical Center	541A
OHIO	Canton CBOC	541BY
OHIO	Chillicothe, Ohio VA Medical Center	538
OHIO	Cincinnati, Ohio VA Medical Center	539
OHIO	Clermont	539GB
OHIO	Cleveland VA Medical Center	541
OHIO	Columbus VA Medical Center	757
OHIO	Dayton	552
OHIO	Sandusky Veterans Home	VHsOH
OKLAHOMA	Jack C. Montgomery VA Medical Center, Muskogee, OK	623
OKLAHOMA	Oklahoma City VA Medical Center	635
OREGON	Portland, OR VA Medical Center	648
OREGON	Roseburg HCS	653
OREGON	Vancouver, WA DIV Portland VA Medical Center	648A4
OREGON	White City VA Medical Center	692
PENNSYLVANIA	Altoona	503
PENNSYLVANIA	Butler	529
PENNSYLVANIA	Coatesville VA Medical Center	542
PENNSYLVANIA	Erie VA VA Medical Center	562
PENNSYLVANIA	Lebanon VA Medical Center	595

STATE	NAME	STATION NUMBER
PENNSYLVANIA	Philadelphia, PA VA Medical Center	642
PENNSYLVANIA	Pittsburgh (HD), PA VA Medical Center	646A5
PENNSYLVANIA	Pittsburgh (UD), PA VA Medical Center	646
PENNSYLVANIA	Scranton Veterans Center	VHsPA
PENNSYLVANIA	VA HCS Heinz Division	646A4
PENNSYLVANIA	Venango County Clinic	562GD
PENNSYLVANIA	Wilkes-Barre VA Medical Center	693
PUERTO RICO	San Juan VA Medical Center	672
RHODE ISLAND	Middletown	650GD
RHODE ISLAND	Providence VA Medical Center	650
SOUTH CAROLINA	Charleston VA Medical Center	534
SOUTH CAROLINA	William Jennings Bryan Dorn VA Medical Center, Columbia, S.C.	544
SOUTH DAKOTA	Sioux Falls VA Medical Center	438
SOUTH DAKOTA	VA Black Hills Health Care System, Fort Meade, S.D.	568
SOUTH DAKOTA	VA Black Hills Health Care System, Hot Springs, S.D.	568A
TENNESSEE	Memphis, Tenn., VA Medical Center	614
TENNESSEE	Mountain Home, Tenn., VA Medical Center	621
TENNESSEE	Tennessee Valley HCS	626
TEXAS	Amarillo HCS	504
TEXAS	Bonham VA MEDICAL CENTER	549A
TEXAS	Central Texas Veterans Health Care System, Temple	674
TEXAS	Central Texas Veterans Health Care System, Waco	674A
TEXAS	Fort Worth Outpatient Clinic	549B

Station Numbers (*continued*)

STATE	NAME	STATION NUMBER
TEXAS	Houston VA Medical Center	580
TEXAS	Kerrville	671A
TEXAS	North Texas HCS, Dallas	549
TEXAS	South Texas Veterans Health Care System, San Antonio	671
TEXAS	West Texas VA Medical Center, Big Spring	519
UTAH	VA Salt Lake City Health Care System	660
VIRGINIA	Hampton VA Medical Center	590
VIRGINIA	Richmond VA Medical Center	652
VIRGINIA	Virginia Veterans Care Center, Roanoke	VHrVA
VIRGINIA	Salem VA Medical Center	658
WASHINGTON	Spokane VA Medical Center	668
WASHINGTON	VA Puget Sound Health Care System, American Lake Division, Tacoma	663A

STATE	NAME	STATION NUMBER
WASHINGTON	VA Puget Sound Health Care System, Seattle, Wash.	663
WASHINGTON	Walla Walla VA Medical Center	687
WEST VIRGINIA	Beckley VA Medical Center	517
WEST VIRGINIA	Huntington VA Medical Center	581
WEST VIRGINIA	Louis A. Johnson VA Medical Center, Clarksburg, W.Va.	540
WEST VIRGINIA	Martinsburg VA Medical Center	613
WISCONSIN	Clement J. Zablocki VA Medical Center, Milwaukee, WI	695
WISCONSIN	Madison, WI VA HOSP	607
WISCONSIN	Tomah VA Medical Center	676
WYOMING	Cheyenne, Wyo., VA Medical Center	442
WYOMING	Sheridan, Wyo., VA Medical Center	666

State Veterans Homes:

VH(first letter of city)STATE ABBREVIATION

Examples: Hastings, MN Veterans Home = VHhMN
 Yountville, CA Veterans Home = VHyCA

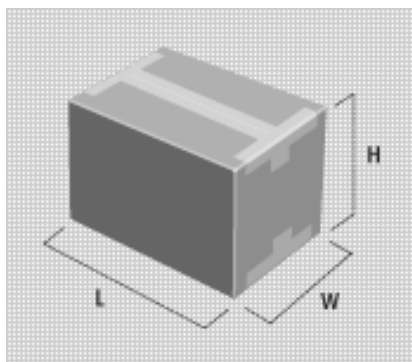
Art Division Rules

1. All artwork entered (except for the Military Combat Experience category #15) must have been **completed after April 1, 2009**.
2. **Each VA facility can submit ONLY ONE (1) ENTRY IN EACH ART CATEGORY to the National level of the Art Competition.**
3. Complete the art entry form ***with as much detail about medium or materials used as possible***. This information is shared with the Phase 1 judges while they are scoring each entry.



4. Artwork completed by a **group** of Veterans (two or more people) **will qualify** for entry into the National Art Competition. **Please see new category 37, page 26 in the Applied Art Division section.**
5. Sets in the applied arts and fine arts can contain NO MORE than three (3) pieces. The pieces must relate to one another in an obvious way to the judges in order to be classified as a set. NO SETS are allowed in the kit categories, unless a single kit contains a set such as a set of suncatcher Christmas ornaments.
6. If an entry contains a craft kit, it must go into a craft kit category unless otherwise stated in the category definitions (i.e., soapstone carving kits go into the carving category).
7. It is highly recommended that all paintings, drawings, watercolors, pastels, photographs, graphics, collages and digital art **be framed**. It is required that if the piece is to be mounted under a clear protective layer, that **PLEXIGLAS** be used. Pieces mounted under glass will be disqualified.
8. Entries that require assembling after unpacking and items shipped by freight will be DISQUALIFIED.
9. **ARTWORK SIZE RESTRICTIONS** - Each National Art entry must be able to fit into **ONE box**. The box can be up to 150 lbs, up to 165 inches in length and girth combined. Length cannot exceed 108 inches. To measure packages use the following formula:

Length + 2x Width + 2x Height



Step 1. Determining Length - Measure the longest side of the package, rounding to the nearest inch. This is your length.

Step 2. Determining Girth (2x Width + 2x Height). Measure the width of the package, rounding to the nearest inch. Multiply this number by 2. Measure the height of the package, rounding to the nearest inch. Multiply this number by 2. Add these two numbers together. This is your girth.

Step 3. Add the length and the girth together. This is your package measurement.

Art Division Rules (*continued*)

10. GUNS and KNIVES will **not** be accepted. Items with a blade-like form, such as a letter opener, with blades measuring 3 inches or more, will **not** be accepted due to VA regulations banning these items from VA facilities.
11. For the first phase of the national art competition, **only** an **ELECTRONIC IMAGE FILE** in **JPEG** format of the art on a **CD** will be accepted. Only **ONE** electronic jpeg image can be submitted for each work, though you may include **two** electronic jpeg images for each three-dimensional entry.
12. All CD's containing the electronic JPEG images and forms for the 2010 National Art Competition **MUST** be POSTMARKED by April 1, 2010.
13. No one Veteran will be allowed to enter more than three (3) categories in the art division into competition at the national level.
14. The Department of Veterans Affairs reserves the right to withdraw any works for public display during the local or national competition phase.
15. **VA staff contact persons:** Please explain to the Veterans entering the art division competition that their artwork will be required to be available through the local and national competition process (February through May). All art entries that are selected as top three scoring entries in the first phase of the national competition in April will need to be shipped in May to Tomah, Wisconsin for the second phase of the national judging in June.

Art Division Phase One Process

Retain each of your facility's first place winning entries and store them in a secure place. Explain to your Veterans that the first phase of the National Art Competition will use **electronic digital image files in jpeg format**. The top three scoring entries in each category will be chosen before the end of May. The staff contact person listed on the entry form of each top placing entry will be notified. They will then be given information about shipping the actual art pieces and the deadlines for the final phase of the competition. All gold medal winners from the National Art Division Competition will be invited to participate in the Festival. Veterans will be presented ribbons and medals for the first three places of the National Art Competition.

**Note: VA staff contact persons will be notified via E-mail with the 2010 competition results.*

Electronic Digital Image Files

1. Images must be provided on a PC platform CD in JPEG format.
 - File size must not exceed 1MB.
 - The maximum horizontal dimension is 1024 pixels and the maximum vertical dimension is 768 pixels.
 - The images are displayed by a data projector using sRGB color space and accordingly it is recommended that images use the same.



2. Image file naming: **CategorynumberhyphenIMAGETITLE**(abbreviation – first 5 letters of title)hyphen**veteraninitialshyphenStationNumber.jpg** Use CAPS for Image title and use small letters for initials (first and last name initials of Veteran artist) e.g. The JPEG image of an oil painting titled “Sands Of Time” created by John Doe from the Northern Arizona VA HCS – Prescott would be named:

02-SANDS-jd-649.jpg

Category #-FIRST 5 LETTERS OF TITLE-veteran initials-Station Number.jpg

*Note: For entries that are three-dimensional, 2 jpeg images can be submitted. The **second** image should be labeled as follows:

Category #-FIRST **4** LETTERS OF TITLE**2**-veteran initials-Station Number.jpg

Do not use any spaces when naming the images.

3. Each facility is asked to submit together in one package:
 - **One CD-ROM** with the images of all their first place entries in that division (all fine art first place entries on one CD-ROM, all applied art on one CD-ROM, all craft kits on one CD-ROM)
 - **Contact sheet**, also known as a **proof sheet**, of all that division’s thumbnail images. At the top of the contact sheet the VA facility must be identified in addition to the division (fine art, applied art, or craft kits). Each thumbnail image must be labeled with the category name, complete entry title and the Veteran’s complete first and last name. The thumbnail sheets can be printed in black and white and will be used by the national art chairperson and visual arts assistants for referencing and data purposes.
 - **Entry and Consent Forms** for each entry

CD’s sent to the national level of competition cannot be returned. Please make duplicate copies of the images and all paperwork for your records.

Station numbers for naming JPEG files are listed on pages 13-17 and a **Sample Contact Sheet** is shown on page 37.

Veterans Day Poster Submissions

The Veterans Day Poster is *not* a category within the National Veterans Creative Arts competition. However, Veterans who wish to submit electronic jpeg images for consideration of the 2010 Veterans Day Poster should submit the jpeg image, art entry form (page 31), and signed consent for release of picture and/or voice form (page 33) to:

Paula Moran (11K)
Northern AZ VAHCS
500 North Hwy 89
Prescott, AZ 86313
E-mail: Paula.Moran@va.gov

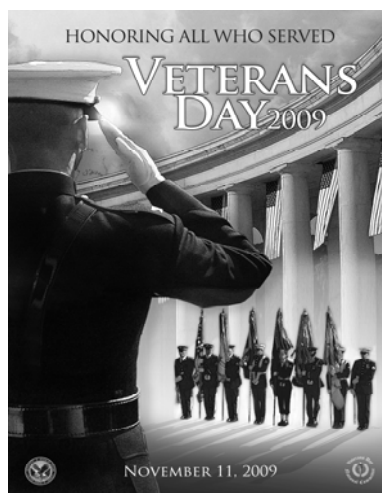
The criteria for submitting an electronic digital jpeg image of artwork for consideration as the Veterans Day Poster is as follows:

- The medium used must be a **fine art** or **applied art** medium.
- Patriotic imagery that conveys the “honoring all who served” theme is appropriate. This would include the old standbys such as flags and eagles, though adding to this concept is encouraged.

*Please note that the Veterans Day National Committee will also be reviewing artwork from other artist sources and that it is not guaranteed that one of the submissions via the National Veterans Creative Arts Program will be the one selected as the 2010 poster. The committee will review and select the artwork for the poster in May, 2010.

**If chosen, the artist agrees to relinquish any and all rights to the poster. The poster will become public domain and will be used for Veterans Day purposes.

***To view Veterans Day Posters from previous years, please visit the Veterans Day website at: <http://www.va.gov/vetsday> and click on “Veterans Day Posters.”



Fine Art Categories



New

The Art Division categories have been renumbered. Please read the art rules and categories carefully. Some categories that were present in the previous year's competition are not included this year. Categories are reviewed each year and are subject to be added, changed or eliminated at the discretion of the national committee.

All **Fine Art Category and Military Combat Experience** entry and consent forms, the CD with the jpeg images of all Fine Art and Military Combat first place entries, a contact sheet with thumbnail prints of the images along with category, title and Veteran's name are to be submitted to **MARISA STRAUB at the Milwaukee, Wisconsin VA Medical Center.**

- 1. Acrylic Painting** - The creation of original work by applying acrylic paint to a surface. The surface is not limited to canvas; it can be on wood, plaster, leather, metal, glass, etc.
- 2. Oil Painting** - The creation of original work by applying oil paint to a surface. The surface is not limited to canvas; it can be on wood, plaster, leather, metal, etc.
- 3. Watercolor** - The creation of work using watercolor paint. The surface is not limited to canvas; it can be on wood, plaster, leather, metal, etc.
- 4. Sculpture** - The creation of three-dimensional forms by modeling (clay), casting (bronze) or assembling (welding) plastic or other hard materials into a work of art.
- 5. Original Design in Pyrography** - A design burned into a surface by using wood burning tools. **The design MUST BE ORIGINAL.** This process is typically done on wood, but can also be done on leather and other surfaces. ***If transfers or tracings are used, the piece must be entered in the Transfer/Engraving Art Kit category (51).***
- 6. Monochromatic Drawing** - A monochromatic drawing consists of lines that use a single color and shades of that color that may be done using pencil, ink, charcoal, etc. Any use of additional color should be entered into colored drawing.
- 7. Colored Drawing** - A colored drawing consists of lines of two or more colors and may be done using colored pencils, markers, etc.
- 8. Pastels** - A colored crayon consisting of pigment and binder (oil or chalk). A pastel is usually a painting rather than drawing because the color is applied in masses rather than in lines.
- 9. Graphics** - A multiple-replica (more than one copy or print) art form. It consists of an original print or proof from a master plate created through such processes as lithography, etching, woodcut, engraving, etc. ***Computer graphics must be entered into Digital Art (13).***
- 10. Pottery** - A functional piece (bowl, vase, pot, etc.) made with moist clay and hardened by heat. The form is created using a potter's wheel or it is shaped by hand, not slip cast in a mold and then altered. Porcelain is included in this category. Items cast in a mold belong in one of the ceramic categories (category 16 or 17).

Fine Art Categories (*continued*)



11. Black and White Photography - A monochromatic photograph using black and white and varying shades of grey or sepia tones. Photographs must be mounted and framed. This category includes both film and digital forms of photography.



12. Color Photography - A color photograph. Photographs must be mounted and framed. This category includes both film and digital forms of photography.

13. Digital Art - Art that was created using digital technology in the process of its creation. The work is created entirely with a computer and includes 2D graphics as well as 3D graphics. All original entries must be printed, mounted and framed to qualify for this competition. It is REQUIRED that the software programs used be listed in the "mediums/techniques used" section of the entry form. ANIMATION AND VIDEOS WILL BE DISQUALIFIED.



***Note:** Digitally enhanced photography should not be entered into this category. Photography that has been digitally enhanced should be entered into either the **Black and White Photography** category (11) or the **Color Photography** category (12).

14. Fine Art, Mixed Media - The use of two or more fine arts techniques in the creation of a single piece of decorative artwork.

15. Military Combat Experience

To enter this category there are four requirements:

- The Veteran must have experienced combat duty during World War II, Korean War, Vietnam, Gulf War, or current combat operations.
- The artwork must **relate to the Veteran's personal experience in that war or conflict.**
- A **statement explaining how the art relates** to the Veteran's wartime experience, composed by the Veteran and/or his VA staff contact person of 25 to 225 words MUST be included with each entry.
- A Request For and Consent to Release Medical and Health Information form, (page 34) signed by the Veteran allowing us to reveal his/her diagnosis if applicable to the entry, must be included with entry.

The medium used must be a fine art or applied art medium. **Kits are not allowed.** Unlike the other art categories, there are NO restrictions as to when the artwork was created however entries submitted previously into this category are not eligible to compete. Entries in the Military Combat Experience category will be submitted to **MARISA STRAUB, Visual Arts Assistant.**

***Note:** *Special Recognition entries will now be sent to PAULA MORAN, National Art Chairperson in Prescott, Arizona. Please see page 26 for a listing of these categories.*

Applied Art Categories



**The Art Division categories have been renumbered.
Please read the art rules and categories carefully.**

All **Applied Art Category, Special Recognition and Group** entry and consent forms, the CD with the applied art jpeg images, Special Recognition and Group images, a contact sheet with thumbnail prints of the images along with category, titles and veteran's name, and **Veteran's Day Poster** image are to be submitted to **PAULA MORAN at the Northern Arizona VA HCS in Prescott, Arizona.**

Submit the completed Local Level Participation Form for ALL art categories (including Fine Art and Craft Kit categories) to Paula Moran as well.

16. Glazed Ceramics - Clay pieces formed by pouring slip in a mold, bisque fired, and then finished with the application of glaze(s) and fired. Entries that contain bisque pieces that are painted and/or stained, as well as glazed, are to be entered into the painted ceramic category.

17. Stained or painted Ceramics - Clay pieces formed by pouring slip in a mold, fired into bisque ware and finished with the application of stains or paints without any additional firing(s). Ceramics using both painting and glazing techniques should be entered into the stained or painted ceramics category.

18. Woodworking - This refers to pieces constructed of wood that may have a useful purpose, such as a jewelry box, a chess set, a clock, etc. **Wood lathe work or wood turning is included in this category.**

19. Carving - Three-dimensional pieces achieved by carving away unwanted material from the original whole piece of material. It may be in the round or in relief. The material used includes stone, wood, ivory and other hard substances. ****Note-HHV soapstone carving kits are to be included in this category.***

20. Jewelry (not beads) - Jewelry pieces made through casting, channeling, lost-wax, wire wrapping, etc. Jewelry incorporating beads should be entered in the Beadwork category (32).

21. Crocheting/Knitting - The use of yarn or thread and a crochet hook, knitting needles or nifty knitters to create a pattern/design and is often a useful object. Tatting is included in this category.

22. Mosaic - The art of decoration with small pieces of colored glass, tile, stone or other hard material used to create a pattern or picture. Wood intarsia and marquetry are included in this category.

23. Collage - An artistic collage work may include newspaper clippings, ribbons, bits of colored or hand-made papers, portions of other artwork, photographs, and such, glued to a surface. Collage is two dimensional. Scrapbooks are not allowed.

Applied Art Categories (*continued*)

24. Assemblage - A form of sculpture comprised of "found" objects arranged in such a way that they create a piece. These objects can be anything organic or man-made. Assemblage is three dimensional. Personal collections alone (i.e. coin collections, medal collections, etc.) will not be accepted.

25. Original Design in Needlework - This includes stitchery, needlepoint, quilting, sewing a garment, soft sculpture, embroidery, cross stitch, and crewelwork etc. These are ***original designs created by the Veteran*** that are usually worked on fabric (occasionally leather) with a needle to create a finished piece. It may be flat or three-dimensional. Pre-printed patterns on the fabric, the use of commercial patterns, charts or graphs would be in the Fabric Art Kits (49) or Needlework Kits category (50).

26. Original Design in Fiber Arts - The use of a substance that can be separated into threadlike parts to create an **original** design in latch hook, rug punching, string art, basketry or weaving. Pre-printed patterns on the fabric, the use of commercial patterns, charts or graphs would be in the Latch Hook Kits (44), Fabric Art Kits (49), or Needlework Kits category (50).

27. Knotting - Lacework made by knotting cords, thread or other fibers. Beads, shells or other decorative materials may be used. Macramé and fly tying are examples of techniques that are in the knotting category.

28. Leather Stamping - Involves the use of shaped implements (stamps) to create an imprint onto a leather surface, often by striking the stamps with a mallet.

29. Leather Carving/Tooling – Uses metal implements to compress moistened leather in such a way as to give a three dimensional appearance to a two dimensional surface. The main tools used to "carve" leather include: swivel knife, veiner, beveler, pear shader, seeder, cam, and backgrounder. The swivel knife is held like a pencil and dragged along the leather to outline patterns. The other tools are punch-type implements struck with a wooden or raw hide mallet. The object is to add further definition by them to the cut lines made by the swivel knife. Entries that contain both stamping and carving/tooling are to be entered into this category as well.

30. Metalwork - The primary material used is metal. Tooling or punching a design or transfer, or metal assembled into a three-dimensional piece for decorative purposes are included in this category. **Lathe work using metal is included in this category. Copper tooling should be entered into Transfer/Engraving Art Kit category (51).**

31. Glasswork - Glass is used as the primary medium. Examples would include stained glass, hand-blown glass, fused glass and glass etching and enameling. Commercially shaped glass items that have been painted would be in one of the Fine Arts Painting categories.

32. Beadwork - Beads of any kind are used to create a design. Examples would include beaded jewelry, beaded belts or other items made on a beading loom, etc.

Applied Art Categories (*continued*)

33. Scroll Saw/Fretwork - Decorative open patterns cut out of wood or metal using a scroll saw and/or files.

34. Applied Art, Mixed Media - The distinct blending of two or more applied arts techniques to create an object.

Visual Arts Special Recognition Categories

The Special Recognition category of the visual arts division is divided into two separate categories. The intent of these categories is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes. Entries and their accompanying written statements from the Veteran's VA staff contact person should focus on how the arts are used by the individual(s) to rise above severe limitations. Entries submitted into the Art Special Recognition categories could be in the Fine Arts, Applied Arts or Kits division but should be sent to **PAULA MORAN, National Art Chairperson.** ★ *New*

35. Special Recognition PD (physical disability) - Entries that recognize individuals who exhibit creative expression through the visual arts while possessing significant ***physical limitations***.

36. Special Recognition MH (mental health challenges) - Entries that recognize individuals who exhibit creative expression through the visual arts while possessing significant ***emotional or mental health challenges***.

Entries in each of the two Special Recognition categories **MUST** also include:

- **a written statement (25 to 225 words) by a staff person of why the Veteran is deserving of special recognition**
- **a Request For and Consent to Release Medical Records or Health Information form (page 34) signed by the Veteran allowing us to reveal his/her diagnosis**

Group Art Category



37. Group Art Category - A single art entry created by a group of Veterans of no more than 8 participants who exhibit creative expression through the visual arts.

Entries in Group Art category **MUST** also include:

- **a written statement (25 to 225 words) by a staff person that should include an explanation of the creative process, goals of the group, mediums/techniques used and any other useful information**
- **a Request For and Consent to Release Medical Records or Health Information form (page 34) signed by each Veteran allowing us to reveal his/her diagnosis**

Kit Categories



**The Art Division categories have been renumbered.
Please read the art rules and categories carefully.**

All **Kit Category** entry and consent forms, the CD with the kit jpeg images, a contact sheet with thumbnail prints of the images along with titles and veteran's name are to be submitted to **BECKY BALLARD** at the **St. Louis, MO VA Medical Center**.

Kits = All materials needed to complete the project are supplied in the kit. Non-Help Hospitalized Veterans (HHV) craft kits are eligible.

***Only ONE KIT PER ENTRY.
Entries containing more than one kit will be disqualified.***

38. Leather Kits - Kits that come pre-cut, pre-punched, pre-embossed and ready to finish, stain and/or lace. If the unfinished leather is hand stamped, carved, or tooled by the veteran it should be entered in Applied Art Leather Stamping (28) or Applied Art Leather Carving/Tooling (29) categories.

39. Wood Building Kits - Wood kits that have a **useful function** such as birdhouses, carousels, cup racks, spice shelves, etc.

40. Model Building (Plastic) Kits - Plastic snap together or glue together kits. (Diorama's will not be accepted.)

41. Model Building (Wood) Kits - Wood model kits. (Diorama's will not be accepted.)

42. Model Building (Metal) Kits - Metal model kits. (Diorama's will not be accepted.)

43. String Art Kits - Kits that use string to establish a design. This category includes dream catcher kits and HHV beading kits that DO NOT involve the use of a needle.

44. Latch Hook Kits - Rug kits that come in a unit with the right amount and color of yarn in the kit and the pattern already printed on the canvas.

45. Craft Coloring Kits - A pre-printed design on fabric, paper, wood, canvas, rugs, etc that the veteran fills in with colors of their choice using colored pencils, markers, paint, etc.

46. Figurine Painting - Pre-formed plaster, plastic, metal or wood 3 dimensional figures that the veteran paints following a separate diagram and instructions included in the kit. There are no outlines on the piece indicating color application areas.

47. Paint by Number Kits - Involves applying oil, acrylic, or watercolor paints to the outlined numbered areas.

Kit Categories (*continued*)

48. Suncatcher or Sand Art Kits - Suncatchers involve the application of transparent glass stains on a pre-formed and outlined plastic shape. Sand art involves colored sand applied to pre-shaped adhesive areas.

49. Fabric Art Kits - Kits that include the use of commercial patterns and fabric (cloth or yarn) to create a pre-printed pattern or design. Cut-n-tuck kits would be included in this category.

50. Needlework Kits - Kits utilizing yarn or thread applied with a needle to plastic, cloth or canvas. Embroider kits, crewel kits, needlepoint kits, etc., are in this category. Pieces created from pre-printed designs, the use of commercial patterns and graphs qualify for this category.

****Note-HHV beading kits that involve the use of a needle are to be included in this category.***

51. Transfer/Engraving Art Kits - Copper tooling kits, foil scratch art kits and wood burning kits are included in this category which involves incising images, designs or patterns onto a surface by rubbing, scratching, burnishing, cutting or burning.



52. Mosaic Kits - A kit that uses small pieces of colored glass, plastic, tile, stone or other hard material to create a pre-printed pattern or picture. Woodscapes and Pixel Art would be included in this category.



53. Combined Kits - Blending two or more **different** craft kits built by a veteran to create a **single** work of art.

Art Judging Criteria and Score Sheet

Judges at the 2010 National level of competition will be ranking each art entry according to merit in the following criteria:

- **Creativity/Originality** - artistic expression and uniqueness of perspective and execution.
- **Skill** - the ability exhibited through all aspects of the creative process.
- **Total Presentation** - continuity and completeness. Factors considered include title, mounting, framing, etc.

Art Judging Score Sheet

Category number:		Category name:	
Title of piece:			
Size of art piece in inches	Height:	Width:	Depth:
Materials/mediums used. Software program(s) used for Digital Art entries.			

CRITERIA	POINTS				
Creativity/Originality	1	2	3	4	5
Skill	1	2	3	4	5
Total Presentation	1	2	3	4	5

TOTAL SCORE: _____

Art Division Checklist

All entries **MUST be postmarked by midnight of April 1, 2010.**

***Please note: Slide images are not accepted. All entries must be submitted in digital format.**

It is strongly recommended to Fed-Ex (overnight-mail) in a padded envelope your art division CD's and paperwork to the appropriate staff person. This ensures the ability of tracking all items.

All of the following MUST be included when shipping entries to the National Chairperson and Visual Arts Assistants of the Art Division.

- ☐ **Fine Art entry forms**
- ☐ **Consent forms**
- ☐ **CD** with JPEG images of Fine Art categories ONLY
- ☐ **Military Combat Experience entry, consent forms and write ups**
- ☐ Printed **CONTACT SHEET** with THUMBNAILED (small photo) of each fine art image, CATEGORY, TITLE and the COMPLETE NAME OF THE VETERAN ARTIST

Mail to:
Marisa Straub (DOM/43)
Visual Arts Assistant
VA Medical Center
5000 West National Avenue
Milwaukee, WI 53295

-
- ☐ **Completed Local Level Participation forms** for all three art sub-divisions (pages 38 and 39)
 - ☐ **Applied Art entry forms**
 - ☐ **Consent forms**
 - ☐ **CD** with JPEG images of Applied Art entries ONLY
 - ☐ Printed **CONTACT SHEET** with THUMBNAILED (small photo) of each applied art image, CATEGORY, TITLE and the COMPLETE NAME OF THE VETERAN ARTIST
 - ☐ **Special Recognition and Group Art entry forms, consent forms and write-ups**
 - ☐ **Veterans Day Poster image(s) and entry form(s)**

Mail to:
Paula Moran (11K)
National Art Chairperson
Northern AZ VAHCS
500 North Hwy 89
Prescott, AZ 86313

-
- ☐ **Craft Kit entry forms**
 - ☐ **Consent forms**
 - ☐ **CD** with JPEG images of Craft Kits ONLY
 - ☐ Printed **CONTACT SHEET** with THUMBNAILED (small photo) of each craft kit image, CATEGORY, TITLE and the COMPLETE NAME OF THE VETERAN ARTIST

Mail to:
Becky Ballard (128/JB)
Visual Arts Assistant
VA Medical Center
#1 Jefferson Barracks Drive
St. Louis, MO 63125

2010 Art Entry Form (Individual)

All fields on this form must be completed in detail or the entry will be disqualified. Photocopy this form as needed. Each entry must have a completed form. Provide as detailed a description of the mediums and techniques used as possible.

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY.

Category number:	Category name:		
Sub-division: (check one)	<input type="checkbox"/> Fine Art	<input type="checkbox"/> Applied Art	<input type="checkbox"/> Craft Kit
Title of piece:			
JPEG NAME (only for first place pieces from your facility that are being submitted to the National level of competition):			
Date piece completed: (<i>*Note: Artwork must have been completed after April 1, 2009</i>)			
Size of art piece in inches: (<i>Must meet size criteria as stated in Rule #9, page 18</i>)			
Height:	Width:	Depth:	
Mediums/techniques used: (<i>Mixed Media categories, software used for digital entries, etc.</i>)			

Veteran's Name:

Phone Number:

**VA staff contact person: Obtain additional veteran contact information for your reference use only, in order to notify the veteran of the competition results.*

VA Facility Representing:			
Station Number (<i>See pages 13-17 for a list of station numbers</i>):			
Facility Address:			
City:	State:	Zip:	
Staff contact:			Routing Symbol:
Phone:	E-mail (Required):		

Veterans: I have read all of the rules for the division in which I am entering.

_____ **Yes**, I would like my digital art image entry and Art Entry Form to be submitted to The Journal of Rehabilitation Research and Development, following the national competition judging, for consideration to appear on the cover of a 2011 publication. (*See page 12 of this handbook for an explanation of this opportunity.*)

_____ **No**, I do not consent to have my digital art image entry and Art Entry Form to be submitted to the Journal of Rehabilitation Research and Development, following the national competition judging in May.

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Signature of Veteran _____

Staff Contact Person: I verify this Veteran meets eligibility criteria as specified on page 5 and is approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this veteran's facility and that all information has been provided.

VA Staff Contact Title and Signature _____

2010 Art Entry Form (Group) – Category #37 Only

All fields on this form must be completed in detail or the entry will be disqualified. **Each Veteran listed below must sign a Consent for Release of Medical Records (page 34).** Photocopy this form as needed. Each entry must have a completed form. Provide as detailed a description of the mediums and techniques used as possible.

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY.

Title of piece:		
JPEG NAME (only for first place pieces from your facility that are being submitted to the National level of competition):		
Date piece completed: (*Note: Artwork must have been completed after April 1, 2009)		
Size of art piece in inches: (Must meet size criteria as stated in Rule #9, page 18)		
Height:	Width:	Depth:
Mediums/techniques used: (Mixed Media categories, software used for digital entries, etc.)		

Group Information

Last Name	First Name	Age	Last Name	First Name	Age

***VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the veteran of the competition results.

VA Facility Representing:		
Station Number (See pages 13-17 for a list of station numbers):		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Staff Contact Person: I verify these Veterans meet eligibility criteria as specified on page 5 and is approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this veteran's facility and that all information has been provided.

VA Staff Contact Title and Signature _____

PLEASE USE THIS CONSENT FORM FOR ALL SOLO AND GROUP ENTRIES. PHOTOCOPY THIS
 CONSENT FORM FOR EACH MEMBER OF THE GROUP. EACH MEMBER MUST SIGN A FORM.

Department of Veterans Affairs	
CONSENT FOR USE OF PICTURE AND/OR VOICE	CONSENT OF (Name):
<p>NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the "Routine Uses" in the "VA Privacy Act System of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>	
<p>I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.):</p>	
<p>Department of Veterans Affairs National Rehabilitation Special Events</p>	
<p>While I am (describe the activity, if any to be photographed or recorded):</p>	
<p>A participant in the National Veterans Creative Arts Competition/Festival.</p>	
<p>I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made):</p>	
<p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>	
<p>I understand that the said picture, video and/or voice recording is intended for the following purpose(s):</p>	
<p>To promote the positive aspects of the National Veterans Creative Arts Competition/Festival.</p>	
<p>I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.</p>	
SIGNATURE OF INDIVIDUAL (veteran) OR OTHER LEGALLY AUTHORIZED PERSON:	DATE:
<p>PERMISSION OBTAINED BY (Print staff contact Name - Title - Address):</p>	
<p>(Name) _____ (Title) _____ (Address) _____</p>	
SIGNATURE OF INTERVIEWER (staff contact – same as above) OR INDIVIDUAL OBTAINING CONSENT:	DATE:
PRODUCTION TITLE:	PRODUCTION NUMBER:
<p>2010 National Veterans Creative Arts Program</p>	
INDIVIDUAL'S (Veteran) NAME:	<p>IMPORTANT: This form must always be completed prior to the making or using pictures, or video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.</p>

***Use this form for the Special Recognition, Military Combat Experience, Group Art, Senior Dance Division and Therapeutic Arts Scholarship entries.**

Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on the form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing in the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1005 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>		
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.		
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p> <p>810 Vermont Ave., NW Washington, DC 20420</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p>SOCIAL SECURITY NUMBER:</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>		
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA </p>		
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input type="checkbox"/> OTHER (Specify) </p> <p>General diagnosis or disability</p>		
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>To promote awareness of VA's National Programs and the positive impact they have on the lives of our Nation's disabled Veterans.</p>		
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.		
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):</p>		
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p>DATE</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)</p>	
FOR VA USE ONLY		
<p>IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)</p>	<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
	<p>DATE RELEASED</p>	<p>RELEASED BY</p>

2010 Muriel Barbour Memorial Therapeutic Arts Scholarship

Muriel Barbour, former chief of recreation therapy at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia, created the visual arts competition, VET ARTS, in 1981, as an observance of the International Year of Disabled Persons. VET ARTS and The Music Festival merged and drama and dance divisions were added, to create the National Veterans Creative Arts Festival in 1989. In 2005, the creative writing division was added to the Festival roster. Muriel Barbour passed away in November, 2009 and now the Therapeutic Arts Scholarship for a visual artist is presented in her memory.

The Muriel Barbour Memorial Therapeutic Arts Scholarship is a unique opportunity for Veterans entering the Creative Arts Competition. VA staff persons can nominate a Veteran from their facility for consideration to attend the Festival based on a therapeutic objective. Each Veteran selected will receive an invitation to participate at the October, 2010 Festival in La Crosse, Wisconsin with lodging and meals provided via national Festival funds. Scholarship recipients will be notified via their staff contact person by June 15, 2010.

Nomination Criteria:

- Veteran must enter at least one category in any of the five divisions on the national level
- Veteran must be a first place winner in the local level of competition
- Veteran must be a novice/first time participant in the Festival (but not necessarily a first time participant in the competition)
- Entry placement (first, second or third place) in the national competition will not be a factor in the selection process
- Only one Veteran can be nominated per facility

The completed Therapeutic Arts Scholarship form (page 36) must be submitted along with the Veteran's competition entry and consent forms. A panel made up of national committee members will review the nominations and select those whom it is felt would benefit most from participating in the Festival.

Nominations for the Therapeutic Arts Scholarship **MUST** include:

- Veteran's Entry Form specific to the division entered
- a completed 2010 Therapeutic Arts Scholarship form (page 36) that includes a Written Statement by one or more VA staff persons (25 to 225 words) explaining why the Veteran could potentially benefit therapeutically from the Festival experience
- a Consent for Use of Picture and/or Voice Form (page 33)
- a Request for and Authorization to Release Medical Records or Health Information form (page 34) signed by the Veteran and staff contact person

Veteran's Name:

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

[illegible]

2010 Sample Contact Sheet

CONTACT SHEET

Also known as a **proof sheet**, the Contact Sheet is all of each sub-division's thumbnail images and is vital in assisting the National Art Chairperson and Visual Arts Assistants with what is being entered from your VA facility. It must be accurate as to category name and number and spelling of Veteran's names.

Please **TYPE or PRINT LEGIBLY**.

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Check One:	
<input type="checkbox"/>	Fine Art Categories
<input type="checkbox"/>	Applied Art Categories
<input type="checkbox"/>	Craft Kit Categories

(Send a separate Contact Sheet for Fine Art, Applied Art and Craft Kits to the appropriate art division chairperson.)

Total number of Entries listed below:	
Total number of eligible Veterans listed below, counting each Veteran only once:	

SAMPLE

Oil Painting
 "Sands of Time"
 John Doe
 02-SANDS-jd-649.jpg

Log in each Veteran who participated in the **ART DIVISION** at the local level. The information can mostly be gathered from the entry forms. This form should be completed and submitted regardless of whether or not you had a local competition. It should include every Veteran who has participated in the **ART DIVISION (all fine art, applied art, and craft kit entries)**. We apologize if some of this information is repeated from other forms, but this form is sent on for data collection.

Please TYPE OFF PRINT LEGIBLY:		
VA Facility Representing:		
Station Number (See pages 13-17 for a list of station numbers):		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Please answer **both** of the following questions:

Total Number of Entries in your 2010 Local Competition in the Art Division:
Total Number of Veterans who entered your Local Competition in the Art Division:

[illegible][illegible]

The Creative Writing Division differs from categories in the Drama Division which are judged on **performance** qualities (such as stage presence, expressiveness, and interpretation) of an entry. Entries submitted into the Creative Writing Division will be judged based upon the merit of the original work, creative content, message clarity, use of language, originality of topic or idea, and overall strength.

**Please note:* Following the national creative writing judging process, the top three winners in each category will be notified via their staff contact person. The top three creative writing winning entries will be offered the opportunity for inclusion in a booklet that will be distributed in November, 2010. The creative writing chairperson and the NVCAF Director reserve the right to withhold entries from inclusion in the booklet.

Creative Writing Division Rules

1. **Creative writing entries must be videotaped and last three minutes or less in length.** Any entries reaching national competition that are longer will be disqualified.
2. All entries submitted into the Creative Writing Division must be original compositions written solely by the eligible Veteran who is submitting the entry.
3. Entries may be performed by someone else, but the Veteran author must also appear in the video. Specify on the Entry Form the name(s) of the person(s) reading the composition.
4. **An E-mail** (do not send scanned text) including the entry's double-spaced text in lower and upper case letters **must** be sent to Liz Nealy (ngraphics04@att.net) in order for the entry to be accepted and judged at the national level. The name of the eligible Veteran who wrote the piece must also be included on the document. This applies to each entry in all creative writing categories.
5. If an entry has won a gold medal on the national level of competition in any category it MAY NOT BE re-submitted into the Creative Writing division in a subsequent year.
6. Judges reserve the right to move an entry to the appropriate category or disqualify the entry if rules are not followed.
7. If the composition is selected for inclusion in the National Veterans Creative Arts Festival stage show, the reader will be selected by the NVCAF national committee. The reader may or may not be the veteran author. The Veteran author will be invited to attend the Festival and participate as a chorus member, if his/her entry is selected for inclusion in the Festival stage show.
8. Creative Writing entries submitted without a video are still eligible for competing at the national level however these entries will not be eligible for consideration to be in the stage show.

**Note: VA staff contact persons will be notified via E-mail with the 2010 competition results.*

Creative Writing Categories

1. **Poetry - Humorous** - A verse composition of humorous nature, no longer than 48 lines in length, written by one eligible Veteran.
2. **Poetry – Inspirational** - Same as #1, but of an inspirational nature.
3. **Poetry – Patriotic** - Same as #1, but relating to American patriotism.
4. **Poetry – Other** - Same as #1, but does not more appropriately meet the definitions of poetry-humorous, inspirational or patriotic categories
5. **Essay – Humorous** - An essay written in ordinary speech or writing (not poetry) by one eligible Veteran that is a discussion of a topic from the author’s personal point of view as influenced by subjective experience and personal reflection, is a non-fiction work, often expository, and humorous in nature. Entries submitted into this category must have an introduction, a statement of viewpoint, supportive points, and a conclusion summary.
6. **Essay – Inspirational** - Same as #5, but of an inspirational nature.
7. **Essay – Patriotic** - Same as #5, but reflective of American patriotism.
8. **Essay – Other** - Same as #5, but does not more appropriately meet the definitions of essay-humorous, inspirational or patriotic categories.
9. **Personal Experience – Humorous** - A story or situation of humorous content that is **written by one eligible Veteran in the first person** and conveyed about one’s self.
10. **Personal Experience – Inspirational** - Same as #9, but with inspirational content.
11. **Personal Experience – Patriotic** - Same as #9, but with content that relates to American patriotism.
12. **Personal Experience – Other** - Same as #9, but does not more appropriately meet the definitions of personal experience-humorous, inspirational or patriotic categories. Could include wartime-related experiences, though stories/situations with wartime-related content may also be suitable for personal experience-humorous, inspirational or patriotic categories.
13. **Short, Short Story – Humorous** - A very short story, no longer than 300 words in length that is written by one eligible Veteran and that is of humorous content. The story must have a beginning, middle, and an end.
14. **Short, Short Story – Inspirational** - Same as #13, but with inspirational content.
15. **Short, Short Story – Patriotic** - Same as #13, but with content that relates to American patriotism.
16. **Short, Short Story – Other** - Same as #13, but does not more appropriately meet the definitions of short, short story-humorous, inspirational or patriotic categories.
17. **Monologue/Duologue** - Monologue is a part of a script written by an eligible Veteran for one actor. Duologue is a part of a script written by an eligible Veteran for two actors.

Creative Writing Categories (*continued*)

18. Group Creative Writing - Any of the above categories (#1-17) but written by a group of eligible Veterans. Any one person or persons may read the entry but all eligible Veterans who contributed in writing the composition must appear in the video. Any compositions written by more than one eligible Veteran will be entered in this category (Group Creative Writing) regardless of the type of composition.

19. Special Recognition - Solo or group. Original entries that recognize individuals who exhibit creative expression through the use of creative writing while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes. Entries and their accompanying written statements from the Veteran's VA staff contact person should focus on how the arts are used by the individual(s) to rise above severe limitations.

Entries in this category **MUST** include:

- **Solo or Group Entry form**
- **a Written Statement by the Veteran's VA staff contact person explaining the Veteran's condition and specific talent and**
- **a Consent for Picture and/or Voice form(s) (page 46) signed by the Veteran(s)**
- **a Request For and Consent to Release Medical Records or Health Information form (page 47) signed by the Veteran allowing us to reveal his/her diagnosis**

Creative Writing Judges' Score Sheet

- Judges at the 2010 National level of competition will be ranking each creative writing entry based on the following criteria.
- Please consider using this score sheet for your local competitions.

Veterans Name:	
Category number:	Category name:
Title of Entry:	

CRITERIA	POINTS									
Creative Content	1	2	3	4	5	6	7	8	9	10
Message Clarity	1	2	3	4	5	6	7	8	9	10
Use of Language	1	2	3	4	5	6	7	8	9	10
Originality of Topic or Idea	1	2	3	4	5	6	7	8	9	10
Overall Strength of Composition	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

Creative Writing Division Checklist



It is strongly recommended **to Fed-Ex (overnight-mail) in a padded envelope** your creative writing division videotapes and paperwork to the National Creative Writing Chairperson, Liz Nealy, Houston, Texas. This ensures the ability to track all items.

Prior to sealing your padded envelope, please be sure the following items are included in your packet for the Creative Writing Division entries from your facility:

- ☐ **Entry and Consent form(s)** completed with all necessary information
- ☐ **List of Entries form**
- ☐ **Local Level Participation form** listing all entries from your VA facility's Local Creative Writing competition.
- ☐ **½" VHS videotape of the creative writing entries in the order that the categories are listed in this book.** Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. *Videotapes that are not in correct order will be disqualified.*
- ☐ **An E-mail** (do not send scanned text) including the entry's double-spaced text in lower and upper case letters **must** be sent to Liz Nealy (**ngraphics04@att.net**) in order for the entry to be accepted and judged at the national level.

Mail the Creative Writing Division forms and the entries on ½" VHS videotape, and E-mail the text of the entry to:

Liz Nealy (117RT)
National Creative Writing Chairperson
VA Medical Center
2002 Holcombe Blvd.
Houston, TX 77030
Phone: (713) 794-7872
FAX: (713) 794-7631
E-mail: ngraphics04@att.net

2010 Creative Writing **Individual** Entry Form

Photocopy this form as needed. Each entry must have a completed form. **An E-mail including the typed text** (do not send scanned copies of the text) **MUST be sent to ngraphics04@att.net** in order for the entry to be accepted and judged at the national level of competition. Be sure to label the videotape containing the creative writing entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY

Category number:	Category name:
Title of piece:	
Name of Person(s) Reading the Entry: (Veteran who wrote the entry must be shown on the videotape.)	

Veteran's Name:	Age:
Phone Number:	

**VA staff contact person: Obtain additional veteran contact information for your reference use only, in order to notify the Veteran of the competition results.*

VA Facility Representing:		
Station Number (See pages 13-17 for a list of station numbers):		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Veterans: I have read all of the rules for the division in which I am entering. Should I place first, second or third in the national competition:

_____ **I wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show and if invited, understand that it is required that I attend the entire Festival event of October 18-25, 2010 in La Crosse, Wisconsin.

_____ **I do not wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show as I will be unable to attend the Festival event of October 18-25, 2010 in La Crosse, Wisconsin,

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Signature of Veteran

Staff Contact Person: I verify this Veteran meets eligibility criteria as specified on page 5 and is approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

2010 Creative Writing **Group** Entry Form

Photocopy this form as needed. Each entry must have a completed form. An **E-mail including the typed text** (do not send scanned copies of the text) **MUST be sent to ngraphics04@att.net** in order for the entry to be accepted and judged at the national level of competition. Be sure to label the videotape containing the creative writing entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN NAMES CORRECTLY

Category number:	Category name:
Title of piece:	
Group Name:	
Number of Veterans in group <i>(See Rule #8 on page 7)</i> :	
Name of Person(s) Reading the Entry: <i>(Veterans who wrote the entry must be shown on the videotape.)</i>	

Group Information (attach additional sheet of paper if needed)

Last Name	First Name	Age	Last Name	First Name	Age

***VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Staff Contact Person: I verify the above Veterans meet eligibility criteria as specified on page 5 and are approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

PLEASE USE THIS CONSENT FORM FOR ALL SOLO AND GROUP ENTRIES. PHOTOCOPY THIS
 CONSENT FORM FOR EACH MEMBER OF THE GROUP. EACH MEMBER MUST SIGN A FORM.

Department of Veterans Affairs	
CONSENT FOR USE OF PICTURE AND/OR VOICE	CONSENT OF (Name):
<p>NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the "Routine Uses" in the "VA Privacy Act System of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>	
<p>I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.):</p>	
<p>Department of Veterans Affairs National Rehabilitation Special Events</p>	
<p>While I am (describe the activity, if any to be photographed or recorded):</p>	
<p>A participant in the National Veterans Creative Arts Competition/Festival.</p>	
<p>I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made):</p>	
<p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>	
<p>I understand that the said picture, video and/or voice recording is intended for the following purpose(s):</p>	
<p>To promote the positive aspects of the National Veterans Creative Arts Competition/Festival.</p>	
<p>I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.</p>	
SIGNATURE OF INDIVIDUAL (veteran) OR OTHER LEGALLY AUTHORIZED PERSON:	DATE:
<p>PERMISSION OBTAINED BY (Print staff contact Name - Title - Address):</p>	
<p>(Name) _____ (Title) _____ (Address) _____</p>	
SIGNATURE OF INTERVIEWER (staff contact – same as above) OR INDIVIDUAL OBTAINING CONSENT:	DATE:
PRODUCTION TITLE:	PRODUCTION NUMBER:
<p>2010 National Veterans Creative Arts Program</p>	
INDIVIDUAL'S (veteran) NAME:	<p>IMPORTANT: This form must always be completed prior to the making or using pictures, or video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.</p>

***Use this form for the Special Recognition, Military Combat Experience, Group Art, Senior Dance Division and Therapeutic Arts Scholarship entries.**

Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on the form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing in the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1005 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>		
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.		
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p> <p>810 Vermont Ave., NW Washington, DC 20420</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p>SOCIAL SECURITY NUMBER:</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>		
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA </p>		
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input type="checkbox"/> OTHER (Specify) </p> <p>General diagnosis or disability</p>		
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>To promote awareness of VA's National Programs and the positive impact they have on the lives of our Nation's disabled Veterans.</p>		
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.		
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):</p>		
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p>DATE</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)</p>	
FOR VA USE ONLY		
<p>IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)</p>	<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
	<p>DATE RELEASED</p>	<p>RELEASED BY</p>

2010 Shirley Jefferies Memorial Therapeutic Arts Scholarship

Shirley Jefferies, a recreation therapist at the Waco, Texas, VA Medical Center, and former chief of recreation therapy at the Knoxville, Iowa VA medical facility, initiated the performing arts competition, The National Music Competition for Veterans, in 1981 as part of the International Year of Disabled Persons. The Music Festival and VET ARTS merged and drama and dance divisions were added, to create the National Veterans Creative Arts Festival in 1989. In 2005, the creative writing division was added to the Festival roster. Shirley Jefferies passed away in 1994 and the Therapeutic Arts Scholarship for a performing artist is presented in her memory.

The Therapeutic Arts Scholarship is a unique opportunity for Veterans entering the Creative Arts Competition. VA staff persons can nominate a Veteran from their facility for consideration to attend the Festival based on a therapeutic objective. Each Veteran selected will receive an invitation to participate at the October, 2010 Festival in La Crosse, Wisconsin with lodging and meals provided via national Festival funds. Scholarship recipients will be notified via their staff contact person by June 15, 2010.

Nomination Criteria:

- Veteran must enter at least one category in any of the five divisions on the national level
- Veteran must be a first place winner in the local level of competition
- Veteran must be a novice/first time participant in the Festival (but not necessarily a first time participant in the competition)
- Entry placement (first, second or third place) in the national competition will not be a factor in the selection process
- Only one Veteran can be nominated per facility

The completed Therapeutic Arts Scholarship form (page 49) must be submitted along with the Veteran's competition entry and consent forms. A panel made up of national committee members will review the nominations and select those whom it is felt would benefit most from participating in the Festival.

Nominations for the Therapeutic Arts Scholarship **MUST** include:

- Veteran's Entry Form specific to the division entered
- a completed 2010 Therapeutic Arts Scholarship form (page 49) that includes a Written Statement by one or more VA staff persons (25 to 225 words) explaining why the Veteran could potentially benefit therapeutically from the Festival experience
- a Consent for Use of Picture and/or Voice Form (page 46)
- a Request for and Authorization to Release Medical Records or Health Information form (page 47) signed by the Veteran and staff contact person

Veteran's Name:

VA Facility Representing:			
Station Number <i>(See pages 13-17 for a list of station numbers):</i>			
Facility Address:			
City:		State:	
		Zip:	
Staff contact:			Routing Symbol:
Phone:		E-mail (Required):	

[illegible]

2010 List of Entries Form – Creative Writing Division

This form **MUST BE INCLUDED WITH THE PACKET OF ENTRIES FOR THE CREATIVE WRITING DIVISION.** It should contain information for the Creative Writing Division only.

The List of Entries is vital in assisting the National Creative Writing Chairperson with what is being entered from your Veteran's facility and must be accurate as to category name and number and spelling of veteran's names.

Submit this completed form along with the other Creative Writing entry materials to:

Liz Nealy, CTRS (117RT)
National Creative Writing Chairperson
VA Medical Center
2002 Holcombe Blvd.
Houston, TX 77030

Please **TYPE or PRINT LEGIBLY.**

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Data on **Entries** submitted into the Creative Writing division from your VA facility.

Please answer **both** of the following questions:

Total number of Entries listed below:
Total number of eligible Veterans listed below, counting each Veteran only once:

LIST ENTRIES IN ORDER BY CATEGORY. This must also be the order of entries on the videotape for the Creative Writing Division.

**# in Group means number of eligible Veterans entered in this group entry.*

Category #	Category Name	Name of Veteran or Group	# in Group*	Title of Entry

VA Facility Representing:
Station Number:

**# in Group means number of eligible Veterans entered in this group entry*

[illegible]

Please **TYPE** or **PRINT** LEGIBLY.

Please answer **both** of the following questions:

[illegible]

VA Facility Representing:
Station Number:

[illegible][illegible]

Dance Division Rules

1. Dance entries will be **three (3) minutes or less**. Any entries reaching national competition which are longer will be disqualified.
2. If the Veteran **sings at any time during the act, the entry will be disqualified**. Any vocal singing needs to be placed under a music category.
3. Dance entries will be judged based on the dance style and steps incorporated in the performance as opposed to the style or type of music selected.
4. No restrictions or qualifications shall be placed on the partner of dance soloists. **One partner per Veteran will be allowed for dance group numbers if the type of dance requires partners, but at least 50% of any group shall be eligible Veterans. Dance groups not requiring partners (such as line dance) MAY NOT be expanded with non-eligible Veterans or any other individual.**
5. The **lead sheets AND cassette/CD accompaniment** of the dance division entries are **required to be included with each dance entry form** in order for the entry to be considered for possible inclusion in the Festival show, should the entry place first in the national competition. However, an entry may win a first place without music attached it will just not be eligible to be considered for the Festival show. In order to continue to provide the quality orchestra arrangements for the show, as in the past, this rule has become a necessity. Thank you for your compliance with this rule.

**Note: VA staff contact persons will be notified via E-mail with the 2010 competition results.*

Wheelchair Dance Categories

Entries in categories 1-13 must involve movement of the wheelchair from one space to another. Entries involving one or more dancers in wheelchairs, regardless of the number of ambulatory dancers, automatically become wheelchair dance entries and should be placed in one of the following categories (1 to 13).

1. Solo Structured Wheelchair Dance - Pattern of movement of wheelchair to music in a choreographed routine. It is still considered a solo when one Veteran dances with a non-Veteran partner.

2. Group Structured Wheelchair Dance - Same as above, but with more than one person.

3. Solo Novelty Wheelchair Dance - Any movement of wheelchair to music where props or a different theme is used, that is innovative and for amusement value.

4. Group Novelty Wheelchair Dance - Same as #3, but with more than one person.

5. Solo Country or Western Wheelchair Dance - Dance patterns set to country music.

6. Group Country or Western Wheelchair Dance - Same as #5, but with more than one person. Circle dances may be included here.

7. Solo Folk/Ethnic/Cultural Wheelchair Dance - Dances associated with various cultures or countries.

8. Group Folk/Ethnic/Cultural Wheelchair Dance - Same as #7, but with more than one person and/or partners. Examples may include Mexican Hat Dance, May Pole Dance, etc.

9. Wheelchair Line Dance - Set pattern of movement done with the wheelchair so individual ends up facing 2 or 4 walls. Suggest a minimum number of 3 to form the line.

10. Interpretive Movement – Wheelchair Solo - Interpreting song lyrics or feelings through hand movements or gestures. Example may include sign language or other hand movements. Wheelchair does not need to move.

11. Interpretive Movement – Wheelchair Group - Same as #10, but with more than one Veteran.

12. Liturgical Dance – Wheelchair - Interpreting liturgical/religious music through body movement. (Music must be liturgical/religious.) This dance style is appropriate for use in churches or other places of public worship.

13. Patriotic Dance – Wheelchair - The use of any style dance with patriotic music. Dance style must be identified on entry form. Patriotic music is defined as music that denotes love and devotion to our great country.

Ambulatory Dance Categories

Entries in categories 14-30 must include moving feet from one spot on the floor to another. There must be body movement!

14. Solo Structured Ballroom - American style structured ballroom dances such as the waltz, jitterbug/swing, cha-cha, tango, polka, etc. It is still considered a solo when one Veteran dances with a non-Veteran partner.

15. Group Structured Ballroom - Same styles as above but more than one couple dancing or the couple consists of 2 Veterans.

16. Solo Tap, Jazz, or Ballet - Traditional tap, jazz, or ballet patterns of movement choreographed to music in a routine. It is still considered a solo when one Veteran dances with a non-veteran partner.

17. Group Tap, Jazz, or Ballet - Same as #16, but with more than one Veteran.

18. Solo Country or Western - Country dance steps, such as the 2-step, to country or western music. It is still considered a solo when one Veteran dances with a non-Veteran partner.

19. Group Country or Western - Same as #18, with more than one person and/or partners. Square dancing and circle dances fall under this category.

20. Solo Folk/Ethnic/Cultural - Dances associated with various cultures or countries. Examples may include: Clogging, Jewish Hora, Jig, etc. It is still considered a solo when one Veteran dances with a non-Veteran partner.

21. Group Folk/Ethnic/Cultural - Same as #20, but with more than one person and/or partners. Examples may include: May Pole Dance, Mexican Hat Dance, etc.

22. Solo Novelty - Any different type of special movement done with props or set to a theme, which is innovative and for amusement value. It is still considered a solo when one Veteran dances with a non-Veteran partner.

23. Group Novelty - Same as #22, but with more than one Veteran.

24. Freestyle - Must have three distinct patterns of movement that can be seen and repeated throughout the routine. New wave dances and hip-hop will fall into this category.

25. Line Dance - Set pattern of steps that repeat, with quarter or half turns facing 2 or 4 different walls. Suggest a minimum number of 3 Veterans to form a line; no VA staff contact persons or volunteers may be included in the line.

26. Interpretive Movement Solo - Interpreting song lyrics or feelings through hand movements or gestures. An example may be sign language. Movement of feet not required; no singing.

27. Interpretive Movement Group - Same as #26, but with more than one Veteran.

28. Liturgical Dance - Interpreting liturgical/religious music through body movement. (Music must be liturgical/religious.) This dance style is appropriate for use in churches or other places of public worship.

29. Patriotic Dance - The use of any style dance (ballet, waltz, two-step) with patriotic music. Dance style must be identified on entry form. Patriotic music is defined as music that denotes love and devotion to our great country.

Dance Special Recognition Category

30. Special Recognition - Solo or group. Wheelchair or ambulatory. Entries that recognize individuals who exhibit creative expression through the use of dance while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes.

Entries in these categories **MUST** include:

- **Solo or Group Entry form**
- **a Written Statement by the Veteran's VA staff contact person explaining the Veteran's condition and specific talent**
- **a Consent for Picture and/or Voice form(s) (page 62) signed by the Veteran(s)**
- **a Request for and Consent to Release Medical Records or Health Information form (page 63) signed by the Veteran(s) allowing us to reveal his/her diagnosis**

Senior Dance Categories

The purpose of the senior categories is to allow Veterans who may have experienced diminished physical functioning an opportunity to compete in a category with persons who are at a similar level and age. **The senior categories are special categories for Veterans age 65 and older.** Entries may be ANY type of dance. Group members must all be eligible Veteran inpatients or outpatients 65 years of age or older. As with other group entries, groups may not be expanded by staff, volunteers or ineligible Veterans. If a partner is needed for the dance, then a staff member, volunteer or other person may be used, but the entry would be counted as a solo if only one Veteran is present. Seniors may also enter other categories in the dance division as well (not to exceed three total).

- 31. Senior Wheelchair Solo**
- 32. Senior Wheelchair Group**
- 33. Senior Ambulatory Solo**
- 34. Senior Ambulatory Group**

Entries in these categories **MUST** include:

- **Solo or Group Entry form**
- **a Written Statement by the Veteran's VA staff contact person explaining the Veteran's condition and specific talent**
- **a Consent for Picture and/or Voice form(s) (page 62) signed by the Veteran(s)**
- **a Request for and Consent to Release Medical Records or Health Information form (page 63) signed by the Veteran(s) allowing us to reveal his/her diagnosis**

Dance Judges' Score Sheet

- Judges at the 2010 National level of competition will be ranking each dance entry according to merit in the following criteria.
- Please consider using this score sheet for your local competitions.

Veterans Name:	
Category number:	Category name:
Title of Entry:	

CRITERIA	POINTS									
Stage Presence	1	2	3	4	5	6	7	8	9	10
Rhythm	1	2	3	4	5	6	7	8	9	10
Technique	1	2	3	4	5	6	7	8	9	10
Patterns	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Interpretation	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

Dance Division Checklist



It is strongly recommended to Fed-Ex (overnight-mail) in a padded envelope your Dance Division videotapes and paperwork to the National Dance Division Chairperson, Rachelle Vishneowski, Albany, New York. This ensures the ability to track all items.

Prior to sealing your padded envelope, please be sure the following items are included in your packet for the Dance Division entries from your facility:

- ☐ **Entry and Consent form(s)** completed with all necessary information
- ☐ **List of Entries form**
- ☐ **Local Level Participation form** listing all entries from your VA facility's Local Creative Writing competition.
- ☐ **½" VHS videotape of the dance entries in the order that the categories are listed in this book.** Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. *Videotapes that are not in correct order will be disqualified.*
- ☐ **A lead sheet or sheet music** in the correct key for all dance numbers **MUST** accompany the national entry form for the veteran(s) to be considered for invitation to the Festival.
- ☐ The **cassette/CD instrumental accompaniment** should also be submitted.
- ☐ **Senior categories in dance must also submit a Request For and Consent to Release Medical Records and Health Information form (page 63) and a VA staff contact person's written explanation** (25 to 225 words) of the Veteran's condition and specific talent.

Mail the forms and the entries on ½" VHS videotape, sheet music, and CD/cassette of instrumental music to:

Rachelle Vishneowski (117)
National Dance Chairperson
VA Medical Center
113 Holland Avenue
Albany, NY 12208
Phone: (518) 626-5835
FAX: (518) 626-5383
E-mail: Rachelle.Vishneowski@va.gov

2010 Dance **Solo** Entry Form

Photocopy this form as needed. Each entry must have a completed form. **A lead sheet for all dance entries MUST be included with this form.** Be sure to label the videotape containing the dance entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY

Category number:	Category name:
Title of piece:	
Partner's name:	
Type of dance (fox trot, jitterbug, waltz):	

Veteran's Name:	Age:
Phone Number:	

****VA staff contact person:** Obtain additional veteran contact information for your reference use only, in order to notify the Veteran of the competition results.*

VA Facility Representing:			
Station Number ((See pages 13-17 for list of station numbers):			
Facility Address:			
City:	State:	Zip:	
Staff contact:		Routing Symbol:	
Phone:	E-mail (Required):		

Veterans: I have read all of the rules for the division in which I am entering. Should I place first, second or third in the national competition:

_____ **I wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show and if invited, understand that it is required that I attend the entire Festival event of October 18-25, 2010 in La Crosse, Wisconsin,

_____ **I do not wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show as I will be unable to attend the Festival event of October 18-25, 2010 in La Crosse, Wisconsin,

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Signature of Veteran

Staff Contact Person: I verify the above Veteran meets eligibility criteria as specified on page 5 and is approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

2010 Dance **Group** Entry Form

Photocopy this form as needed. Each entry must have a completed form. **A lead sheet for all dance entries MUST be included with this form.** Be sure to label the videotape containing the dance entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN NAMES CORRECTLY

Category number:	Category name:
Title of piece:	
Group Name:	
Number of Veterans in group <i>(See Rule #8 on page 7)</i> :	
Partner's name:	
Type of dance (fox trot, jitterbug, waltz):	

Group Information (attach additional sheet of paper if needed)

Last Name	First Name	Age	Last Name	First Name	Age

***VA staff contact person:** Obtain additional veteran contact information for your reference use only, in order to notify the Veteran of the competition results.

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Staff Contact Person: I verify the above Veterans meet eligibility criteria as specified on page 5 and are approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

PLEASE USE THIS CONSENT FORM FOR ALL SOLO AND GROUP ENTRIES. PHOTOCOPY THIS
 CONSENT FORM FOR EACH MEMBER OF THE GROUP. EACH MEMBER MUST SIGN A FORM.

Department of Veterans Affairs	
CONSENT FOR USE OF PICTURE AND/OR VOICE	CONSENT OF (Name):
<p>NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the "Routine Uses" in the "VA Privacy Act System of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>	
<p>I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.):</p>	
Department of Veterans Affairs National Rehabilitation Special Events	
While I am (describe the activity, if any to be photographed or recorded):	
A participant in the National Veterans Creative Arts Competition/Festival.	
<p>I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made):</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>	
<p>I understand that the said picture, video and/or voice recording is intended for the following purpose(s):</p> <p>To promote the positive aspects of the National Veterans Creative Arts Competition/Festival.</p>	
<p>I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.</p>	
SIGNATURE OF INDIVIDUAL (veteran) OR OTHER LEGALLY AUTHORIZED PERSON:	DATE:
PERMISSION OBTAINED BY (Print staff contact Name - Title - Address):	
(Name) _____ (Title) _____ (Address) _____	
SIGNATURE OF INTERVIEWER (staff contact – same as above) OR INDIVIDUAL OBTAINING CONSENT:	DATE:
PRODUCTION TITLE: 2010 National Veterans Creative Arts Program	PRODUCTION NUMBER:
INDIVIDUAL'S (veteran) NAME:	<p>IMPORTANT: This form must always be completed prior to the making or using pictures, or video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.</p>

***Use this form for the Special Recognition, Military Combat Experience, Group Art, Senior Dance Division and Therapeutic Arts Scholarship entries.**

Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on the form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing in the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1005 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>		
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.		
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p> <p>810 Vermont Ave., NW Washington, DC 20420</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p>SOCIAL SECURITY NUMBER:</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>		
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA </p>		
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input type="checkbox"/> OTHER (Specify) </p> <p>General diagnosis or disability</p>		
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>To promote awareness of VA's National Programs and the positive impact they have on the lives of our Nation's disabled Veterans.</p>		
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.		
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):</p>		
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p>DATE</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)</p>	
FOR VA USE ONLY		
<p>IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)</p>	<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
	<p>DATE RELEASED</p>	<p>RELEASED BY</p>

2010 Shirley Jefferies Memorial Therapeutic Arts Scholarship

Shirley Jefferies, a recreation therapist at the Waco, Texas, VA Medical Center, and former chief of recreation therapy at the Knoxville, Iowa VA medical facility, initiated the performing arts competition, The National Music Competition for Veterans, in 1981 as part of the International Year of Disabled Persons. The Music Festival and VET ARTS merged and drama and dance divisions were added, to create the National Veterans Creative Arts Festival in 1989. In 2005, the creative writing division was added to the Festival roster. Shirley Jefferies passed away in 1994 and the Therapeutic Arts Scholarship for a performing artist is presented in her memory.

The Therapeutic Arts Scholarship is a unique opportunity for Veterans entering the Creative Arts Competition. VA staff persons can nominate a Veteran from their facility for consideration to attend the Festival based on a therapeutic objective. Each Veteran selected will receive an invitation to participate at the October, 2010 Festival in La Crosse, Wisconsin with lodging and meals provided via national Festival funds. Scholarship recipients will be notified via their staff contact person by June 15, 2010.

Nomination Criteria:

- Veteran must enter at least one category in any of the five divisions on the national level
- Veteran must be a first place winner in the local level of competition
- Veteran must be a novice/first time participant in the Festival (but not necessarily a first time participant in the competition)
- Entry placement (first, second or third place) in the national competition will not be a factor in the selection process
- Only one Veteran can be nominated per facility

The completed Therapeutic Arts Scholarship form (page 65) must be submitted along with the Veteran's competition entry and consent forms. A panel made up of national committee members will review the nominations and select those whom it is felt would benefit most from participating in the Festival.

Nominations for the Therapeutic Arts Scholarship **MUST** include:

- Veteran's Entry Form specific to the division entered
- a completed 2010 Therapeutic Arts Scholarship form (page 65) that includes a Written Statement by one or more VA staff persons (25 to 225 words) explaining why the Veteran could potentially benefit therapeutically from the Festival experience
- a Consent for Use of Picture and/or Voice Form (page 62)
- a Request for and Authorization to Release Medical Records or Health Information form (page 63) signed by the Veteran and staff contact person

Veteran's Name:

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

[illegible]

2010 List of Entries Form – Dance Division

This form **MUST BE INCLUDED WITH THE PACKET OF ENTRIES FOR THE DANCE DIVISION.** It should contain information for the Dance Division only.

The List of Entries is vital in assisting the National Dance Chairperson with what is being entered from your Veteran's facility and must be accurate as to category name and number and spelling of Veteran's names.

Submit this completed form along with the other Dance entry materials to:



Rachelle Vishneowski
National Dance Chairperson
VA Medical Center
113 Holland Avenue
Albany, NY 12208

Please **TYPE or PRINT LEGIBLY.**

VA Facility Representing:			
Station Number <i>(See pages 13-17 for a list of station numbers):</i>			
Facility Address:			
City:	State:	Zip:	
Staff contact:		Routing Symbol:	
Phone:		E-mail (Required):	

Data on **Entries** submitted into the Dance division from your VA facility.

Please answer **both** of the following questions:

Total number of Entries listed below:
Total number of eligible Veterans listed below, counting each veteran only once:

LIST ENTRIES IN ORDER BY CATEGORY. This must also be the order of entries on the videotape for the Dance Division.

**# in Group means number of eligible Veterans entered in this group entry.*

Category #	Category Name	Name of Veteran or Group	# in Group*	Title of Entry

VA Facility Representing:
Station Number <i>(See pages 13-17 for a list of station numbers):</i>

in Group means number of eligible Veterans entered in this group entry

[illegible]

VA Facility Representing:
Station Number <i>(See pages 13-17 for a list of station numbers):</i>

[illegible][illegible]

Drama Division Rules

1. **Drama entries must be three minutes or less in length.** Any entries reaching national competition that are longer will be disqualified.
2. If a drama entry requires a female character and no eligible female Veterans are available, the part may be read by a female volunteer or staff member.
3. All Veterans must speak in order for an entry to be considered a group entry. (Example, if one Veteran is speaking and another is playing an instrument as accompaniment this would NOT qualify as a group entry but rather a solo entry with accompaniment.)
4. A typewritten copy of the text for all drama entries must be attached to each entry form. This applies to all drama categories.
5. Judges reserve the right to move an entry to the appropriate category or disqualify the entry if rules are not followed.
6. Veterans must perform each of their entries themselves on the videotape in order for the entry(ies) to be eligible for competition judging.
7. **An E-mail** (do not send scanned text) including the entry's double-spaced text in lower and upper case letters **must** be sent to Jean Calhoun (Jean.Calhoun@va.gov) in order for the entry to be accepted and judged at the national level. The name of the eligible Veteran(s) who is shown on the video must also be included on the document. This applies to each entry in all drama categories.

**Note: VA staff contact persons will be notified via E-mail with the 2010 competition results.*

Drama Categories

Note: Veterans who wish to have their original work judged by **performance criteria** (that is, on stage presence, expressiveness and interpretation) should submit the entry into the **DRAMA** division in one of the categories below that best fits the entry. Veterans who wish to have their **original work** judged by criteria based upon the **merit of the composition** (that is, on creative content, message clarity, use of language, and originality of topic or idea) should submit the entry into the **CREATIVE WRITING** division. See pages 40-42 for a complete description, list of rules, listing of categories and judges score sheet for entries submitted into the Creative Writing Division.

1. Solo Dramatic Prose - A composition in ordinary speech or writing (not poetry) presented by one eligible Veteran. (For example: a reading or excerpt from a speech.) Can be existing or original.

2. Group Dramatic Prose - A composition in ordinary speech or writing (not poetry) presented by two or more Veterans. Can be existing or original.

3. Solo Patriotic Prose - A composition in ordinary speech or writing (not poetry) with content that relates to American patriotism. Presented by one eligible Veteran. Can be existing or original.

4. Group Patriotic Prose - A composition in ordinary speech or writing (not poetry) with content that relates to American patriotism. Presented by two or more eligible Veterans. Can be existing or original.

5. Solo Religious Prose - A composition in ordinary speech or writing (not poetry) with content that is of spiritual nature, presented by one eligible Veteran. Can be existing or original.

6. Group Religious Prose - A composition in ordinary speech or writing (not poetry) with content that is of spiritual nature, presented by two or more eligible Veterans. Can be existing or original.

7. Solo Comedy - Any drama of light and amusing character presented by one eligible Veteran. Can be existing or original.

8. Group Comedy - Any drama of light and amusing character presented by two or more eligible Veterans. Can be existing or original.

9. Solo Dramatic Poetry - A verse composition presented by one eligible Veteran. Can be existing or original.

10. Solo Patriotic Poetry - A verse composition with content that relates to American patriotism. Presented by one eligible Veteran. Can be existing or original.

11. Solo Religious Poetry - A verse composition with content that is of spiritual nature, presented by one eligible Veteran. Can be existing or original.

12. Solo Comedy Poetry - A verse composition of light and amusing character presented by one eligible Veteran. Can be existing or original.

13. Group Poetry - A verse composition presented by two or more eligible Veterans. Can be existing or original.

Drama Categories (*continued*)

14. Solo Interpretive Performance-Dramatic - A presentation by one eligible Veteran that involves acting, movement, and props. Original or existing.

15. Group Interpretive Performance-Dramatic - A presentation by two or more eligible Veterans that involves acting, movement, and props. Original or existing.

16. Solo Interpretive Performance-Comedy - A presentation by one eligible Veteran that is of light and amusing character involving acting, movement and props. Original or existing.

17. Group Interpretive Performance-Comedy - A presentation by two or more eligible Veterans that is of light and amusing character involving acting, movement and props. Original or existing.

18. Mime/Juggling/Magic/Puppetry and Ventriloquism - Solo or group. Mime: A presentation that imitates actions without words. Juggling: The art of keeping several objects in motion in the air at the same time by alternatively tossing and catching them. Magic: The art of producing illusions by sleight of hand. Puppetry/Ventriloquism: Any act where the veteran(s) manipulates puppets and speaks in such a manner that his voice seems to be coming from the puppet.

19. Multimedia Video - Solo or group. A video vignette three minutes or less in length that is **created, directed and edited completely by an eligible Veteran or Veterans**. The video must combine spoken **dialog and/or narration** in combination with one or more of the following: photography, graphics, music, sound effects.

Drama Special Recognition Category

20. Special Recognition - Solo or group. Existing or original. Entries that recognize individuals who exhibit creative expression through the use of drama while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes. Entries and their accompanying written statements from the Veteran's VA staff contact person should focus on how the arts are used by the individual(s) to rise above severe limitations.

Entries in this category **MUST** include:

- **Solo or Group Entry form**
- **a Written Statement by the Veteran's VA staff contact person explaining the Veteran's condition and specific talent**
- **a Consent for Picture and/or Voice form(s) (page 79) signed by the Veteran(s)**
- **a Request for and Consent to Release Medical Records or Health Information form (page 80) signed by the Veteran(s) allowing us to reveal his/her diagnosis**

Senior Drama Categories

The purpose of the senior categories is to allow Veterans who may have experienced diminished physical functioning an opportunity to compete in a category with persons who are at a similar level and age. **The senior categories are special categories for Veterans age 65 and older.**

Entries may be ANY type of drama. Group members must all be eligible Veteran inpatients or outpatients 65 years of age or older. As with other group entries, groups may not be expanded by staff, volunteers or ineligible Veterans. If a female partner is needed for the entry, then a staff member, volunteer or other person may be used, but the entry would be counted as a solo if only one veteran is present. Seniors may also enter other categories in the drama division as well (not to exceed three total).

21. Senior Drama Solo

22. Senior Drama Group

Drama Judges' Score Sheet

- Judges at the 2010 National level of competition will be ranking each drama entry based on the following criteria.
- Please consider using this score sheet for your local competitions.

Veterans Name:	
Category number:	Category name:
Title of Entry:	

CRITERIA

POINTS

Solo Categories

Stage Presence	1	2	3	4	5	6	7	8	9	10
Expressiveness	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Interpretation	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

Group Categories

Stage Presence	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Interpretation	1	2	3	4	5	6	7	8	9	10
Consistency	1	2	3	4	5	6	7	8	9	10
Pacing	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

Drama Division Checklist

It is strongly recommended to Fed-Ex (overnight-mail) in a padded envelope your Drama Division videotapes and paperwork to the National Drama Division Chairperson, Jean Calhoun, Tomah, Wisconsin. This ensures the ability to track all items.

Prior to sealing your padded envelope, please be sure the following items are included in your packet for the Drama Division entries from your facility:

- ☐ **Entry and Consent form(s)** completed with all necessary information
- ☐ **List of Entries form**
- ☐ **Local Level Participation form** listing all entries from your VA facility's Local Creative Writing competition.
- ☐ **½" VHS videotape of the drama entries in the order that the categories are listed in this book.** Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. *Videotapes that are not in correct order will be disqualified.*
- ☐ **An E-mail** (do not send scanned text) including the entry's double-spaced text in lower and upper case letters **must** be sent to Jean Calhoun (Jean.Calhoun@va.gov) in order for the entry to be accepted and judged at the national level.

Mail the Drama Division forms and the entries on ½" VHS videotape, and E-mail the text of the entry to:

Jean Calhoun (117M)
National Drama Chairperson
VA Medical Center
500 East Veterans
Tomah, WI 54660
Phone: (608) 372-1262
FAX: (608) 372-1227
E-mail: Jean.Calhoun@va.gov

2010 Drama **Solo** Entry Form (Page 1) **Note: the Drama Entry Form is 2 pages*

Photocopy this form as needed. Each entry must have a completed form. **A typed copy of all drama entries MUST be included with this form.** Be sure to label the videotape containing the drama entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY

Category number:	Category name:
Title of piece:	
Author's name:	

***All Solo Multimedia Video entries must complete page 76** in order for the entry to be judged at the national level of competition.

Veteran's Name:	Age:
Phone Number:	

****VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.*

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:	Routing Symbol:	
Phone:	E-mail (Required):	

Veterans: I have read all of the rules for the division in which I am entering. Should I place first, second or third in the national competition:

_____ **I wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show and if invited, understand that it is required that I attend the entire Festival event of October 18-25, 2010 in La Crosse, Wisconsin,

_____ **I do not wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show as I will be unable to attend the Festival event of October 18-25, 2010 in La Crosse, Wisconsin.

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Signature of Veteran

Staff Contact Person: I verify the above Veteran meets eligibility criteria as specified on page 5 and is approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

2010 Drama **Solo** Entry Form (Page 2)

***Multimedia Video entries only** – This section must be completed for the entry to be judged at the national level of competition.

VA Facility Representing:

Station Number *(See pages 13-17 for a list of station numbers):*

List the name of the Veteran who worked on this multimedia video entry:

1.

Identify the various tasks the Veteran was responsible for in creating this entry (if applicable):

Photographed:

Videotaped:

Graphics:

Acted/Spoke:

Selected Music:

Wrote Narration:

Edited Video:

Sang/Played Instrument(s):

Other (please describe):

List all non-Veterans who were involved in the entry and what role they had in the creation of the entry:

1.

Role:

2.

Role:

3.

Role:

4.

Role:

Briefly describe the meaning or theme of the entry or if there is anything special about the entry you want the judges to know about.

2010 Drama **Group** Entry Form (Page 1) *Note: the Drama Entry Form is 2 pages

Photocopy this form as needed. Each entry must have a completed form. **A typed copy of all drama entries MUST be included with this form.** Be sure to label the videotape containing the drama entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

DRAMA DIVISION**PLEASE TYPE or PRINT, taking care to SPELL the VETERAN NAMES CORRECTLY**

Category number:	Category name:
Title of piece:	
Group Name:	
Number of Veterans in group (See Rule #8 on page 7):	
Author's name:	

***All Group Multimedia Video entries must complete page 78** in order for the entry to be judged at the national level of competition.

Group Information (attach additional sheet of paper if needed)

Last Name	First Name	Age	Last Name	First Name	Age

***VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.

VA Facility Representing:		
Station Number (See pages 13-17 for a list of station numbers):		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Staff Contact Person: I verify the above Veterans meet eligibility criteria as specified on page 5 and are approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

2010 Drama **Group** Entry Form (Page 2)

***Multimedia Video entries only** – This section must be completed for the entry to be judged at the national level of competition.

VA Facility Representing:
Station Number <i>(See pages 13-17 for a list of station numbers):</i>

List the name(s) of the Veteran(s) who worked on this multimedia video entry:	
1.	2.
3.	4.
5.	6.

Identify the Veteran(s) who was/were responsible for the following tasks (if applicable):	
Photographed:	Videotaped:
Graphics:	Acted/Spoke:
Selected Music:	Wrote Narration:
Edited Video:	Sang/Played Instrument(s):
Other (please describe):	

List all non-Veterans who were involved in the entry and what role they had in the creation of the entry:	
1.	Role:
2.	Role:
3.	Role:
4.	Role:

Briefly describe the meaning or theme of the entry or if there is anything special about the entry you want the judges to know about.

PLEASE USE THIS CONSENT FORM FOR ALL SOLO AND GROUP ENTRIES. PHOTOCOPY THIS
 CONSENT FORM FOR EACH MEMBER OF THE GROUP. EACH MEMBER MUST SIGN A FORM.

Department of Veterans Affairs	
CONSENT FOR USE OF PICTURE AND/OR VOICE	CONSENT OF (Name):
<p>NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the "Routine Uses" in the "VA Privacy Act System of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>	
<p>I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.):</p>	
Department of Veterans Affairs National Rehabilitation Special Events	
While I am (describe the activity, if any to be photographed or recorded):	
A participant in the National Veterans Creative Arts Competition/Festival.	
<p>I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made):</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>	
<p>I understand that the said picture, video and/or voice recording is intended for the following purpose(s):</p> <p>To promote the positive aspects of the National Veterans Creative Arts Competition/Festival.</p>	
<p>I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.</p>	
SIGNATURE OF INDIVIDUAL (veteran) OR OTHER LEGALLY AUTHORIZED PERSON:	DATE:
PERMISSION OBTAINED BY (Print staff contact Name - Title - Address):	
(Name) _____ (Title) _____ (Address) _____	
SIGNATURE OF INTERVIEWER (staff contact – same as above) OR INDIVIDUAL OBTAINING CONSENT:	DATE:
PRODUCTION TITLE: 2010 National Veterans Creative Arts Program	PRODUCTION NUMBER:
INDIVIDUAL'S (veteran) NAME:	<p>IMPORTANT: This form must always be completed prior to the making or using pictures, or video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.</p>

***Use this form for the Special Recognition, Military Combat Experience, Group Art, Senior Dance Division and Therapeutic Arts Scholarship entries.**

Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on the form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing in the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1005 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>		
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.		
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p> <p>810 Vermont Ave., NW Washington, DC 20420</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p>SOCIAL SECURITY NUMBER:</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED: Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>		
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA </p>		
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input type="checkbox"/> OTHER (Specify) General diagnosis or disability </p>		
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>To promote awareness of VA's National Programs and the positive impact they have on the lives of our Nation's disabled Veterans.</p>		
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.		
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):</p>		
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p>DATE</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)</p>	
FOR VA USE ONLY		
<p>IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)</p>	<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
	<p>DATE RELEASED</p>	<p>RELEASED BY</p>

2010 Shirley Jefferies Memorial Therapeutic Arts Scholarship

Shirley Jefferies, a recreation therapist at the Waco, Texas, VA Medical Center, and former chief of recreation therapy at the Knoxville, Iowa VA medical facility, initiated the performing arts competition, The National Music Competition for Veterans, in 1981 as part of the International Year of Disabled Persons. The Music Festival and VET ARTS merged and drama and dance divisions were added, to create the National Veterans Creative Arts Festival in 1989. In 2005, the creative writing division was added to the Festival roster. Shirley Jefferies passed away in 1994 and the Therapeutic Arts Scholarship for a performing artist is presented in her memory.

The Therapeutic Arts Scholarship is a unique opportunity for Veterans entering the Creative Arts Competition. VA staff persons can nominate a Veteran from their facility for consideration to attend the Festival based on a therapeutic objective. Each Veteran selected will receive an invitation to participate at the October, 2010 Festival in La Crosse, Wisconsin, with lodging and meals provided via national Festival funds. Scholarship recipients will be notified via their staff contact person by June 15, 2010.

Nomination Criteria:

- Veteran must enter at least one category in any of the five divisions on the national level
- Veteran must be a first place winner in the local level of competition
- Veteran must be a novice/first time participant in the Festival (but not necessarily a first time participant in the competition)
- Entry placement (first, second or third place) in the national competition will not be a factor in the selection process
- Only one Veteran can be nominated per facility

The completed Therapeutic Arts Scholarship form (page 82) must be submitted along with the Veteran's competition entry and consent forms. A panel made up of national committee members will review the nominations and select those whom it is felt would benefit most from participating in the Festival.

Nominations for the Therapeutic Arts Scholarship **MUST** include:

- Veteran's Entry Form specific to the division entered
- a completed 2010 Therapeutic Arts Scholarship form (page 82) that includes a Written Statement by one or more VA staff persons (25 to 225 words) explaining why the Veteran could potentially benefit therapeutically from the Festival experience
- a Consent for Use of Picture and/or Voice Form (page 79)
- a Request for and Authorization to Release Medical Records or Health Information form (page 80) signed by the Veteran and staff contact person

Veteran's Name: _____

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

[illegible]

2010 List of Entries Form – Drama Division

This form **MUST BE INCLUDED WITH THE PACKET OF ENTRIES FOR THE DRAMA DIVISION.** It should contain information for the Drama Division only.

The List of Entries is vital in assisting the National Drama Chairperson with what is being entered from your Veteran's facility and must be accurate as to category name and number and spelling of Veteran's names.

Submit this completed form along with the other Drama entry materials to:

Jean Calhoun, MT-BC (117M)

National Drama Chairperson

VA Medical Center

500 East Veterans

Tomah, WI 54660

Please TYPE or PRINT LEGIBLY.

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Data on **Entries** submitted into the Drama division from your VA facility.

Please answer **both** of the following questions:

Total number of Entries listed below:
Total number of eligible Veterans listed below, counting each veteran only once:

LIST ENTRIES IN ORDER BY CATEGORY. This must also be the order of entries on the videotape for Drama Division.

**# in Group means number of eligible Veterans entered in this group entry.*

Category #	Category Name	Name of Veteran or Group	# in Group*	Title of Entry

**# in Group means number of eligible Veterans entered in this group entry*

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Please TYPE or PRINT LEGIBLY.

Please answer **both** of the following questions:

[illegible]

Music Division Rules



***Note: The music division is now one division.** All vocal and instrumental music entries and accompanying paperwork should be sent to Gary Johnson, National Music Chairperson from Topeka, KS.

1. Eligible Veteran inpatients and outpatients **may submit up to three (3) solos in any one division.** (Example: three music solos, three dance solos or three drama solos, all in different categories.)
2. Music entries will be **three (3) minutes or less.** Entries reaching national competition which are longer will be disqualified.
3. **Only one entry in any category may be submitted from each Veteran facility.** If more than one eligible Veteran enters a category at the Veteran facility, there must be a process for selecting the one entry to advance to national competition for that category from that facility.
4. **Once an entry has placed first in the music division** at the national level of competition, **it is not eligible to be entered again.** (Example: if a Veteran or group places first with a music selection in a category one year at the national level, the Veteran or group may not enter that specific music selection again in the competition but he may enter that category again with a different music selection.) **Music that has not placed first** at the national level of competition **should not be entered more than two consecutive years.**
5. No restrictions or qualifications shall be placed on accompanists or conductors for musicians. However, **accompanists may only accompany and not take instrumental leads or solos.** There is no limit in the number of accompanists that may be utilized in an entry, as long as they are only accompanying. A band of musicians may accompany a vocal solo, vocal group, instrumental solo or instrumental group. (Example: an instrumental group consisting of eligible Veteran inpatients or outpatients taking leads on saxophone, trumpet and guitar accompanied by non-lead staff or volunteers on piano, drums and bass.)
6. The **addition of staff, volunteer, Veterans who are not current inpatients or outpatients to any entry other than as accompanists or conductors will result in disqualification.**
7. It should be noted that although the National Veterans Creative Arts Program recognizes the therapeutic value of participation of staff, volunteers and ineligible Veterans in groups, it is essential in keeping with the fairness of the competition that **only eligible Veteran inpatients or outpatients** are competing against each other.
8. An original composition can be placed in categories other than original, but will be judged with criteria as stated on page 91.

Music Division Rules (*continued*)

9. The **lead sheets** of the music division entries are **required to be attached to each music entry form** in order for the entry to be considered for possible inclusion in the Festival show, should the entry place first in the national competition. However, an entry may win a first place without music attached it will just not be eligible to be considered for the Festival show. In order to continue to provide the quality orchestra arrangements for the show, as in the past, this rule has become a necessity. Thank you for your compliance with this rule.
10. Only one voice may be present to be considered a solo. Once a second voice is added the **entry becomes a group entry and singers must meet eligibility requirements**. If back-up voices are present, they must be eligible Veteran inpatients or outpatients and their inclusion would make the entry a **Vocal Group**. Back-up singing by staff, volunteers, ineligible Veterans or karaoke will result in disqualification. Karaoke tapes must not include back-up singing but must be instrumental accompaniment only. **The presence of any vocal in a musical number will eliminate that number from competing in the instrumental area.**
11. Judges reserve the right to move an entry to the appropriate category or disqualify the entry if rules are not followed.

**Note: VA staff contact persons will be notified via E-mail with the 2010 competition results.*

Vocal Solo Categories

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Vocal Solo Country/Folk/Bluegrass</u> | 7. <u>Vocal Solo or Group Comedy</u> - A vocal selection that is of light and humorous character. |
| 2. <u>Vocal Solo Pop</u> | |
| 3. <u>Vocal Solo Jazz/Rhythm & Blues</u> | 8. <u>Vocal World/Ethnic Music Solo or Group</u> - A vocal selection that reflects the music characteristics of a specific ethnicity, culture, or country. The selection should be from a culture other than that of English-speaking North America. Use of ethnic instruments as accompaniment is encouraged. This category does NOT include classical or popular music. |
| 4. <u>Vocal Solo Classical</u> - Vocal music of established value and fame, of extended duration and greater stability. This does not include popular music. | 9. <u>Vocal Solo Patriotic</u> |
| 5. <u>Vocal Solo Broadway</u> - Show Tunes, not movies . (Example: "People" would be acceptable as it is also from a Broadway show, <u>not</u> because it is from a movie. "New York, New York" would <u>not</u> be acceptable as it is from a 1977 Liza Minnelli movie.) <i>Specify the Broadway show after the title.</i> | 10. <u>Vocal Solo Religious</u> |
| 6. <u>Vocal Solo Rock</u> | 11. <u>Vocal Solo Song with Dance</u> - Vocal solo with choreographed dance movements, not merely gestures |

Original Vocal Solo or Group

12. Original Vocal - Vocal solo or group. Original vocal compositions composed by one or more eligible Veterans judged solely on the merits of the composition. Lyrics and music must be composed entirely by an eligible Veteran/s and that Veteran/s will be the one entered in this category. A performer or group other than the composer may perform the work, but the composer/s should be shown on the videotape. A copy of the lyrics **must** be attached to the entry form to aide the judges in evaluating the lyrics.

Vocal Group Categories

To meet the intent of the categories for **Vocal Group**, the group must have **more than one eligible Veteran inpatient or outpatient singing**. (Example: One eligible Veteran being accompanied on instruments by other eligible Veterans does not meet the definition of a vocal group. Instead, that would be a vocal solo with accompanists.)

13. Vocal Group Country/Folk/Bluegrass

18. Vocal Group Rock

14. Vocal Group Pop

19. Vocal Group Patriotic

15. Vocal Group Jazz/Rhythm & Blues

20. Vocal Group Religious

16. Vocal Group Classical - Same as #4, but with more than one Veteran.

21. Vocal Group Song with Dance - Vocal group with choreographed dance movements, not merely gestures.

17. Vocal Group Broadway - Same as #5, but with more than one Veteran.

Senior Vocal Categories – Solo and Group

The purpose of the senior categories is to allow Veterans who may have experienced diminished physical functioning an opportunity to compete in a category with persons who are at a similar level and age. **Categories 22-23 are special categories for our senior eligible Veterans age 65 and older.** Entries may be any type music. Group members must all be eligible Veteran inpatients and outpatients 65 years of age or older. As with all other group categories, groups may not be expanded with staff, volunteers or ineligible Veterans. There are not restrictions on accompanists or conductors. Seniors are not limited to these categories but may also enter any of the other categories.

22. Senior Vocal Solo

23. Senior Vocal Group

Special Recognition Solo and Group Categories

These categories are for music entries that recognize individuals who exhibit creative expression through the use of music while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes. Entries and their accompanying written statements from the Veteran's VA staff contact person should focus on how the arts are used by the individual(s) to rise above severe limitations.

24. Special Recognition Solo

25. Special Recognition Group

Entries in this category **MUST** include:

- **Solo or Group Entry form**
- **a Written Statement** by the Veteran's VA staff contact person explaining the veteran's condition and specific talent
- **a Consent for Picture and/or Voice form(s)** (page 95) signed by the Veteran(s)
- **a Request for and Consent to Release Medical Records or Health Information form** (page 96) signed by the Veteran(s) allowing us to reveal his/her diagnosis

Instrumental Solo Categories

26. Instrumental Solo Country/Folk/Bluegrass

27. Instrumental Solo Pop

28. Instrumental Solo Jazz/Rhythm & Blues

29. Instrumental Solo Classical -

Instrumental music of established value and fame, of extended duration and greater stability. This does not include popular music.

30. Instrumental Solo Broadway - See #5.

31. Instrumental Solo Rock

32. Instrumental Solo or Group Comedy -

An instrumental selection of light and humorous character.

33. Instrumental World/Ethnic Music Solo or Group -

An instrumental selection that reflects the music characteristics of a special ethnicity, culture, or country. The selection should be from a culture other than that of English-speaking North America. Use of ethnic instruments is encouraged. This category does NOT include classical or popular music.

34. Instrumental Solo Patriotic

35. Instrumental Solo Religious

Instrumental Categories (*continued*)

36. Instrumental Solo or Group Drums/Percussion - It is the intent of this category to showcase non-melodic percussion instruments, i.e. trap set, congas, bongos, spoons, rhythm instruments, etc. This category would exclude percussion instruments that can produce an obvious melody line, i.e. xylophone, vibraphone, marimba, etc. Accompaniment may be present as desired and may include melody line, but **ONLY** the percussionist will be judged.

Original Instrumental Solo or Group

37. Original Instrumental - Instrumental solo or group. Original compositions will be judged solely on the merit of the composition. A performer or group other than the composer may perform the work, but the composer should be shown on the videotape.

Instrumental Group Categories

To meet the intent of the categories for **Instrumental Group**, the group must have **more than one eligible Veteran inpatient or outpatient performing solos/leads or make other essential contributions musically to the entry other than just accompanying**. There are no limits to the number of accompanists in the group but care should be taken that non-eligible Veteran inpatients or outpatients (i.e., staff, volunteers, Veterans who are not current inpatients or outpatients) are not performing solos/leads. **The presence of any vocal in a musical number will eliminate it from competing in an instrumental category.**

38. Instrumental Group Country/Folk/Bluegrass

39. Instrumental Group Jazz/Rhythm & Blues/Rock

40. Instrumental Group Pop/Classical/Broadway

41. Instrumental Group Patriotic/Religious

42. Instrumental Group Handbells/Handchimes

Vocal AND Instrumental Band Category



43. Vocal AND Instrumental Band - An ensemble entirely of eligible Veterans that includes at least one singer and at least one instrumentalist. Each group member must offer a significant musical contribution to the ensemble. Entries into this category will be judged by the overall performance of the entire group (vocalists and instrumentalists). All group members must be shown on the video and each group member **must** sign a Consent Form or the entry will be disqualified.

***Note:** This category differs from the vocal group and instrumental group categories. Please reference pages 88 and 90 for complete explanations of the vocal group and instrumental group definitions. Also, be advised that a single entry may not be submitted into two or more categories within the same division (as stated in the National Rules section on page 5).

Senior Instrumental Categories – Solo and Group

The purpose of the senior categories is to allow Veterans who may have experienced diminished physical functioning an opportunity to compete in a category with persons who are at a similar level and age. **Categories 44-45 are special categories for our senior eligible Veterans age 65 and older.** Entries may be ANY type music. Group members must all be eligible Veteran inpatients and outpatients 65 years of age or older. As with all other group categories, groups may not be expanded with staff, volunteers or ineligible Veterans. There are not restrictions on accompanists or conductors. Seniors are not limited to these categories but may also enter any of the other categories.

44. Senior Instrumental Solo

45. Senior Instrumental Group

Music Judges' Score Sheet

- Judges at the 2010 National level of competition will be ranking each music entry based on the following criteria.
- Please consider using this score sheet for your local competitions.

Veterans Name:	
Category number:	Category name:
Title of Entry:	

(All Categories EXCEPT Originals)

Intonation (unless piano)	1	2	3	4	5	6	7	8	9	10
Rhythm	1	2	3	4	5	6	7	8	9	10
Interpretation	1	2	3	4	5	6	7	8	9	10
Stage Presence	1	2	3	4	5	6	7	8	9	10
Blend & Cohesiveness (if group)	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

(Categories 11 and 37 - Originals)

Melody Line	1	2	3	4	5	6	7	8	9	10
Rhythm	1	2	3	4	5	6	7	8	9	10
Style	1	2	3	4	5	6	7	8	9	10
Lyrics (if vocal)	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

Music Division Checklist

It is strongly recommended to Fed-Ex (overnight-mail) in a padded envelope your Music Division videotapes and paperwork to the National Music Division Chairperson, Gary Johnson, Topeka, Kansas. This ensures the ability to track all items.

Prior to sealing your padded envelope, please be sure the following items are included in your packet for the Music Division entries from your facility:

- ☐ **Entry and Consent form(s)** completed with all necessary information
- ☐ **List of Entries form**
- ☐ **Local Level Participation form** listing all entries from your VA facility's Local Creative Writing competition.
- ☐ **½" VHS videotape of the music entries in the order that the categories are listed in this book.** Review your entry tape and make a copy before mailing. Label your tape according to the instructions given in Rule #3, page 6 – The Competition Phase. *Videotapes that are not in correct order will be disqualified.*
- ☐ **A lead sheet or sheet music** in the correct key for all dance numbers **MUST** accompany the national entry form for the Veteran(s) to be considered for invitation to the Festival.
- ☐ The **cassette/CD instrumental accompaniment** should also be submitted.
- ☐ **A lead sheet or sheet music** in the correct key for all musical numbers **MUST** accompany the national entry blank for the veteran(s) to be considered for invitation to the Festival.

Mail the forms and the entries on ½" VHS videotape, sheet music, and CD/cassette of instrumental music to:

Gary Johnson (T-11K)
National Music Chairperson
VA Eastern Kansas HCS – Topeka
2200 Gage Blvd
Topeka, KS 66622
Phone: (785) 350-3111 x53068
FAX: (785) 350-4303
E-mail: Gary.Johnson2@va.gov

2010 Music **Solo** Entry Form

Photocopy this form as needed. Each entry must have a completed form. **A lead sheet for all music entries MUST be included with this form.** Be sure to label the videotape containing the dance entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY

Category number:	Category name:
Title of piece:	
For categories 5, 17, 30, 40, specify from what Broadway show:	
<i>List all accompanists – everyone that is visible or heard on the tape must be identified as an accompanist or eligible Veteran.</i>	
Accompanist's name (if appropriate): _____	

Veteran's Name:	Age:
Phone Number:	

***VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.

VA Facility Representing:		
Station Number (See pages 13-17 for a list of station numbers):		
Facility Address:		
City:	State:	Zip:
Staff contact:	Routing Symbol:	
Phone:	E-mail (Required):	

Veterans: I have read all of the rules for the division in which I am entering. Should I place first, second or third in the national competition:

_____ **I wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show and if invited, understand that it is required that I attend the entire Festival event of October 18-25, 2010 in La Crosse, Wisconsin,

_____ **I do not wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show as I will be unable to attend the Festival event of October 18-25, 2010 in La Crosse, Wisconsin.

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Signature of Veteran

Staff Contact Person: I verify the above Veteran meets eligibility criteria as specified on page 5 and is approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

2010 Music **Group** Entry Form

Photocopy this form as needed. Each entry must have a completed form. **A lead sheet for all music entries MUST be included with this form.** Be sure to label the videotape containing the music entries. **Label it with the name, city, and state of your VA facility and list the category numbers in order as they are presented on the tape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN NAMES CORRECTLY

Category number:	Category name:
Title of piece:	
For categories 5, 17, 30, 40, specify from what Broadway show:	
Group Name:	
Number of Veterans in group <i>(See Rule #8 on page 7)</i> :	
<i>List all accompanists – everyone that is visible or heard on the tape must be identified as an accompanist or eligible Veteran.</i>	
Accompanist's name (if appropriate): _____	

Group Information (attach additional sheet of paper if needed)

Last Name	First Name	Age	Instrument

***VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.

VA Facility Representing:			
Station Number <i>(See pages 13-17 for a list of station numbers)</i> :			
Facility Address:			
City:	State:	Zip:	
Staff contact:			Routing Symbol:
Phone:		E-mail (Required):	

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Staff Contact Person: I verify the above Veterans meet eligibility criteria as specified on page 5 and are approved to enter the 2010 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

PLEASE USE THIS CONSENT FORM FOR ALL SOLO AND GROUP ENTRIES. PHOTOCOPY THIS
 CONSENT FORM FOR EACH MEMBER OF THE GROUP. EACH MEMBER MUST SIGN A FORM.

Department of Veterans Affairs	
CONSENT FOR USE OF PICTURE AND/OR VOICE	CONSENT OF (Name):
<p>NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the "Routine Uses" in the "VA Privacy Act System of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>	
<p>I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.):</p>	
<p>Department of Veterans Affairs National Rehabilitation Special Events</p>	
<p>While I am (describe the activity, if any to be photographed or recorded):</p>	
<p>A participant in the National Veterans Creative Arts Competition/Festival.</p>	
<p>I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made):</p>	
<p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>	
<p>I understand that the said picture, video and/or voice recording is intended for the following purpose(s):</p>	
<p>To promote the positive aspects of the National Veterans Creative Arts Competition/Festival.</p>	
<p>I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.</p>	
SIGNATURE OF INDIVIDUAL (veteran) OR OTHER LEGALLY AUTHORIZED PERSON:	DATE:
<p>PERMISSION OBTAINED BY (Print staff contact Name - Title - Address):</p>	
<p>(Name) _____ (Title) _____ (Address) _____</p>	
SIGNATURE OF INTERVIEWER (staff contact – same as above) OR INDIVIDUAL OBTAINING CONSENT:	DATE:
PRODUCTION TITLE:	PRODUCTION NUMBER:
<p>2010 National Veterans Creative Arts Program</p>	
INDIVIDUAL'S (veteran) NAME:	<p>IMPORTANT: This form must always be completed prior to the making or using pictures, or video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.</p>

***Use this form for the Special Recognition, Military Combat Experience, Group Art, Senior Dance Division and Therapeutic Arts Scholarship entries.**

Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on the form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing in the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1005 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>		
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.		
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p> <p>810 Vermont Ave., NW Washington, DC 20420</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p>SOCIAL SECURITY NUMBER:</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Rehabilitation Special Events.</p>		
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA </p>		
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input type="checkbox"/> OTHER (Specify) </p> <p>General diagnosis or disability</p>		
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>To promote awareness of VA's National Programs and the positive impact they have on the lives of our Nation's disabled Veterans.</p>		
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.		
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):</p>		
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>		
<p>DATE</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)</p>	
FOR VA USE ONLY		
<p>IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)</p>	<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
	<p>DATE RELEASED</p>	<p>RELEASED BY</p>

2010 Shirley Jefferies Memorial Therapeutic Arts Scholarship

Shirley Jefferies, a recreation therapist at the Waco, Texas, VA Medical Center, and former chief of recreation therapy at the Knoxville, Iowa VA medical facility, initiated the performing arts competition, The National Music Competition for Veterans, in 1981 as part of the International Year of Disabled Persons. The Music Festival and VET ARTS merged and drama and dance divisions were added, to create the National Veterans Creative Arts Festival in 1989. In 2005, the creative writing division was added to the Festival roster. Shirley Jefferies passed away in 1994 and the Therapeutic Arts Scholarship for a performing artist is presented in her memory.

The Therapeutic Arts Scholarship is a unique opportunity for Veterans entering the Creative Arts Competition. VA staff persons can nominate a Veteran from their facility for consideration to attend the Festival based on a therapeutic objective. Each Veteran selected will receive an invitation to participate at the October, 2010 Festival in La Crosse, Wisconsin, with lodging and meals provided via national Festival funds. Scholarship recipients will be notified via their staff contact person by June 15, 2010.

Nomination Criteria:

- Veteran must enter at least one category in any of the five divisions on the national level
- Veteran must be a first place winner in the local level of competition
- Veteran must be a novice/first time participant in the Festival (but not necessarily a first time participant in the competition)
- Entry placement (first, second or third place) in the national competition will not be a factor in the selection process
- Only one Veteran can be nominated per facility

The completed Therapeutic Arts Scholarship form (page 98) must be submitted along with the Veteran's competition entry and consent forms. A panel made up of national committee members will review the nominations and select those whom it is felt would benefit most from participating in the Festival.

Nominations for the Therapeutic Arts Scholarship **MUST** include:

- Veteran's Entry Form specific to the division entered
- a completed 2010 Therapeutic Arts Scholarship form (page 98) that includes a Written Statement by one or more VA staff persons (25 to 225 words) explaining why the Veteran could potentially benefit therapeutically from the Festival experience
- a Consent for Use of Picture and/or Voice Form (page 95)
- a Request for and Authorization to Release Medical Records or Health Information form (page 96) signed by the Veteran and staff contact person

Veteran's Name: _____

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

[illegible]

2010 List of Entries - Music Division

This form **MUST BE INCLUDED WITH THE PACKET OF ENTRIES FOR THE MUSIC DIVISION INSTRUMENTAL CATEGORIES.**

The List of Entries is vital in assisting the National Music Chairperson and Music Division Assistant with what is being entered from your Veteran's facility and must be accurate as to category name and number and spelling of Veteran's names.

Submit this completed form along with the other Music entry materials to:

Gary Johnson (T-11K)
Music Division Chairperson
VA Eastern Kansas HCS - Topeka
2200 Gage Blvd.
Topeka, KS 66622

Please TYPE or PRINT LEGIBLY.

VA Facility Representing:		
Station Number <i>(See pages 13-17 or a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Data on **Instrumental Entries** submitted into the Music division from your VA facility.

Please answer **both** of the following questions:

Total number of Entries listed below:
Total number of eligible Veterans listed below, counting each veteran only once:

LIST ENTRIES IN ORDER BY CATEGORY.

**# in Group means number of eligible Veterans entered in this group entry.*

Category #	Category Name	Name of Veteran or Group	# in Group*	Title of Entry

**# in Group means number of eligible Veterans entered in this group entry.*

100

2010 Local Level Participation Form – Music Division

Log in each Veteran who participated in the **MUSIC DIVISION** at the local level. The information can mostly be gathered from the entry forms. This form should be completed and submitted regardless of whether or not you had a local competition. It should include **every** Veteran who has participated **in the MUSIC DIVISION (all vocal and instrumental entries)**. We apologize if some of this information is repeated from other forms, but this form is sent on for data collection.

Please TYPE or PRINT LEGIBLY.

VA Facility Representing:		
Station Number <i>(See pages 13-17 for a list of station numbers):</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Data on **Local Participants** who entered the Music division.

Please answer **both** of the following questions:

Total Number of Entries in your 2010, Local Competition in the Music Division:
Total Number of Veterans who entered your Local Competition in the Music Division:

Last Name	Initial	Gender

Last Name	Initial	Gender

VA Facility Representing: Station Number <i>(See pages 13-17 for a list of station numbers):</i>

[illegible][illegible]

Tips for Organizing Local Competitions

Set the date for your local competition to occur between January 1 to March 10 each year. Since the deadline for submission of entries to the national level of competition is April 1, this will allow some time in March to complete the entry forms and prepare the art digital images on CD's and creative writing, dance, drama and music video tapes for mailing.

Attempt to set a date that is open on your Facility Director's calendar. Send a written invitation to the Director, Associate Director, Chief of Staff, and Coordinator of Voluntary Service.

Request to appear on the agenda for VAVS quarterly meetings. At this meeting you can inform volunteers of your local program and the possibility of the VA facility having a winner or winners who may need assistance to participate in the Festival. This will give them an opportunity to attend your local competition and perhaps encourage them to assist you in getting your "winner" to the Festival.

Publicity - One to one contact still remains the most satisfactory means of being sure all the Veterans are aware of the program. If each Creative Arts and Recreation VA staff contact person informs their own patients, the word will reach almost everyone. A **news release** could also be prepared with a request to your Public Affairs Officer to submit it to your local news media to reach more outpatients. **A sample press release is included in this handbook on page 106.** Use the posters included in your packet, or make several **posters** announcing your local entry procedure (who, where and when entries are accepted), competition date, time and place. Produce a simple brochure with the rules and other pertinent information. Sample **tri-fold brochures** follow. These can be customized to your VA facility by filling in information specific to your competition and copies made as needed. Display your brochures by the posters. Place the posters in prominent in-patient and out-patient areas. Start displaying your posters and brochures about one month before the date you will start accepting entries. If your VA facility has a monthly newsletter, submit an **article** about your local show and ask that all staff encourage your Veterans to participate. Send brochures and posters to satellite VA clinics affiliated with your facility.

Decide what you will give the winners in recognition of their accomplishment. Also plan a certificate or other means of recognition for every Veteran who enters. Ribbons have been enthusiastically received. Certificates are always good for all participants and are inexpensive if made in-house. Artwork should be awarded ribbons before public showing.

Secure a minimum of five judges for the performing arts and five for the visual arts. These may be VA facility staff, but patients often feel more secure that the judging is fair if members of the community judge.

If you or another member of the staff does not play the piano or another accompanying instrument, contact Voluntary Service for possible volunteers. Other sources may be the Chaplain Service musician, local music teachers, local church musicians or the American Federation of Musicians. Veterans will usually perform better with an accompanist. A local drama teacher or a member of a community theater group may assist those participating in drama.

Tips for Organizing Local Competitions (*continued*)

Local dance teachers are frequently willing to assist your dancers and teachers and other community members who are versed in writing poetry, essays, etc. would be useful in judging the creative writing entries. Do not forget your Nursing staff, Psychology staff and other staff. Many of them have a variety of talents and experiences in the arts and are very happy to work with their patients in a modality different from their regular routine.

Work very closely with the coordinator of Voluntary Service from the beginning so he/she is well aware of your potential needs. When possible it is helpful if sources of funding can be identified before the national judging is completed.

If artwork can be judged the day before the performance competitions, displaying those pieces can add to the festive atmosphere and give credit to Veterans participating in all five areas of the arts.

Request that each Veteran complete and sign the entry and consent forms. Use the information from the completed entry form to make the judges score sheets, arrange the order of the program, etc. When all patient participant forms have been completed, **double check to assure they are accurate AND READABLE.**

Complete the LOCAL LEVEL PARTICIPATION sheet before the show begins. It will then be ready to duplicate and mail to the National Chairperson with the tape and other required paperwork.

As it is a rule at the national level, it is recommended that no one Veteran be allowed to enter more than three (3) categories of any one division. This would not include groups of which he/she is a member.

If you do not have an auditorium, shows may be held in a gym, a dining hall, a day room, or many other places in your medical center. Some may even be held outdoors.

Have everything ready for the judges. Make one set of the judges score sheets (one for each entry), then duplicate enough sets for all judges. Have one person tally the scores as the judges finish scoring each entry. Give your judges special recognition for their work.

Contact your first place winners within two days to complete any missing paperwork. You may also re-tape the creative writing, dance, drama and music winners if you wish to give them some extra attention and opportunity to further polish their number before the national judging tape is submitted.

Entries for creative writing, dance, drama, vocal music and vocal instrumental music will be submitted on one single ½" VHS videotape per division in the order that the categories are listed in this packet. The entire competition video SHOULD NOT be sent. SEND ONLY THE FIRST PLACE WINNERS FROM YOUR COMPETITION. ONLY ONE FOR EACH CATEGORY WILL BE ACCEPTED.

Tips for Organizing Local Competitions (*continued*)

REVIEW YOUR ENTRY TAPE AND MAKE A COPY BEFORE MAILING. Make copies of all important paperwork that may be difficult to secure later. Label the tape itself with a list **IN ORDER** of the acts appearing. Also include the enclosed list of entries completed with name, title and category **IN ORDER**.

Take digital images of the local first place art. Retain each of the first place art pieces in a secure place. If a piece is ranked in the top three of its category after the first phase of national competition, then the actual art piece will need to be shipped to the final phase of the national competition.

(Date)

For further information contact:
(Name, Phone Number)

SAMPLE PRESS RELEASE

LOCAL VETERANS ART SHOW

Artwork by Veterans will be on display to the public at the *(Facility Location)* on *(Date)* from *(Time)*. It is estimated that over *(#)* pieces of art from among *(#)* different categories will be exhibited. Categories consist of fine art such as painting, drawing, sculpture and photography; applied art that includes ceramics, woodcarving, needlework and leatherwork; and craft kits such as string art, poster art and fabric art. Local artists will judge the artwork earlier in the day to determine first, second and third place in each category. The first place winning pieces will advance on to the national level where they will compete with entries submitted by Veterans from other VA facilities around the country.

The competition is an annual event that provides Veterans receiving treatment at VA facilities the opportunity to participate in creative self-expression in art, creative writing, dance, drama and music as part of their therapy, and to gain recognition for these artistic accomplishments. First place winners from the national competition will be invited to attend the National Veterans Creative Arts Festival, hosted this year by the Tomah VA Medical Center in La Crosse, Wisconsin the week of October 18-25 with the art exhibit and stage show performance on Sunday, October 24.

VA Art Show

Date:

Place:

Time:

RESPONSIBILITY-LIABILITY

All possible care will be taken in handling objects submitted for judging. However, the VA facility cannot be responsible for any LOSS or DAMAGE.

No entries may be removed by the artists during the run of the judging. However, the VA facility reserves the right to withdraw any works for public display.

The judges have the right to change the category of the entry if they deem it to be misplaced.

JUDGING

A panel of judges from the local art community will use the following criteria: creativity, skill, & total presentation.

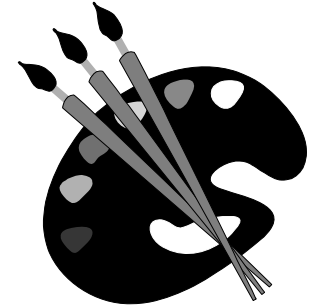
Local first place entries in each art category will have the opportunity to compete in the 2010 National Art Competition.

Entries for the National Art Competition will be submitted as digital images of the art piece.

To Enter or QUESTIONS

Contact:

2010 Veterans Fine Arts, Applied Arts and Crafts Competition



The VA Art Competition and Show provide our Veterans with an opportunity to be acknowledged for their artistic talents and skills.

ENTRY DEADLINE:

Contact

Rules:

- To qualify for entry, the artist must be enrolled at a VA Medical Center, Outpatient Clinic, or reside in a state Veteran's home **BEFORE** entering the local competition.
- All art must have been created after April 1, 2009, except for Military Combat Experience entries.
- The VA facility staff and the judges have the right to change an entry's category as needed.
- The VA facility reserves the right to withhold entries from public viewing as needed.

Entry Deadline:

- A Veteran can enter up to three ART categories, but **ONLY** one entry per category per veteran.
- It is recommended that hanging art is mounted, framed, and ready for display.
- Entries must **WEIGH LESS** than 150 pounds and cannot exceed the following dimensions:

Girth (all the way around the object either going from top to bottom and then all the way around the object or side to side and then all the way around the object, whichever is smallest) + (added to) **Length** (the distance from top to bottom or side to side, whichever is greatest) = **NO MORE THAN 165 inches.**

Contact:

Special Art Categories

Special Recognition - A description of the physical and/or mental health challenges the Veteran overcame in order to accomplish the creation of his art is required to qualify for this category. The description, not to exceed 225 words can be written by the Veteran or the Veteran's VA staff contact person, nurse, physician or practitioner.

Military Combat Experience - The Veteran must have experienced combat duty during World War II, Korean War, Vietnam, Gulf War, or current combat operations. The artwork must relate to the Veteran's personal experience in that war or conflict. A statement explaining how the art relates to the Veteran's wartime experience, composed by the Veteran and/or his VA staff contact person of 25 to 225 words **MUST** be included with each entry. The medium used must be a fine art or applied art medium. *Kits are not allowed.*

Digital Art – Art that was created using digital technology in the process of its creation. The work is created entirely with the computer and includes 2D graphics as well as 3D graphics. All original entries in the Digital Art categories must be printed, mounted and framed. It is **REQUIRED** that the software programs used be listed in the "mediums/techniques used" section of the entry form. **ANIMATION AND VIDEOS WILL BE DISQUALIFIED.**

Applied Art and Fine Art Categories

<u>Acrylic Painting</u>	<u>Oil Painting</u>
<u>Watercolor</u>	<u>Sculpture</u>
<u>Carving</u>	<u>Graphics</u>
<u>Pastels</u>	<u>Pottery</u>
<u>Mosaic</u>	<u>Collage</u>
<u>Knotting</u>	<u>Metalwork</u>
<u>Glasswork</u>	<u>Beadwork</u>
<u>Colored Drawing</u>	<u>Assemblage</u>
<u>Monochromatic Drawing</u>	
<u>Color Photography</u>	<u>Group Art</u>
<u>Black and White Photography</u>	
<u>Fine Art Mixed Media</u>	
<u>Glazed Ceramics</u>	
<u>Painted or Stained Ceramics</u>	
<u>Pyrography (original design)</u>	
<u>Woodworking</u>	
<u>Jewelry (no beads)</u>	
<u>Crocheting/Knitting</u>	
<u>Needlework (original design)</u>	
<u>Fiber Arts (original design)</u>	
<u>Leather Stamping</u>	
<u>Leather Carving/Tooling</u>	
<u>Scroll Saw/Fretwork</u>	
<u>Applied Arts Mixed Media</u>	

Kit Categories

<u>Leather</u>	<u>Needlework</u>
<u>Wood Building</u>	<u>Craft Coloring Kits</u>
<u>Fabric Art</u>	<u>Latch Hook</u>
<u>Paint by Number</u>	<u>Figurine Painting</u>
<u>Transfer/Engraving Art Kits</u>	
<u>Model Building (Plastic, Wood or Metal)</u>	
<u>String Art/Dreamcatcher</u>	<u>Mosaic</u>
<u>Suncatcher or Sand Art</u>	<u>Combined</u>

For a specific listing of categories from each division contact:

**RESPONSIBILITY/
LIABILITY**

All possible care will be taken during the rehearsal and taping process to insure the safety of all musical and supporting instruments and equipment. However, the VA facility cannot be held responsible for any loss or damage incurred during these procedures.

Participants will be required to give written consent allowing the release of photo and voice for competition and publicity purposes.

First place entries from the local competition will have the opportunity to submit a videotape of their entry to the National level of competition.

All entries at the National level will be judged via the videotaped format.

Questions?
Call



**National Veterans
Creative Arts Program**

**2010
Creative Writing, Dance,
Drama & Music
Competition**



PURPOSE

The National Veterans Creative Arts Program goal is to showcase the talents of Veterans.

The Creative Arts Competition and Festival provide our Veterans with an opportunity to gain recognition for their creative accomplishments.

ELIGIBILITY

To qualify for entry, Veterans must be enrolled at a VA Medical Center, Outpatient Clinic, or reside in a state Veteran's home BEFORE entering the local competition.

Only one entry per category is allowed.

For more information and to schedule an appointment to videotape your performance, contact:

JUDGING

Judges for the competition are from the area's performing arts community.

Judges have the right to change the category of the entry if they deem it to be misplaced.

JUDGING CRITERIA

Judges will use the following criteria as applicable to the specific category entered:

Creative Writing: Creative content, message clarity, use of language, originality and overall strength.

Dance: Stage presence (grace, style, rapport with audience), rhythm, technique, patterns (feet or chair), creativity and interpretation of music.

Drama: Stage presence (style, rapport with audience), creativity, expressiveness (articulation of speech), interpretation of work, consistency of theme, pacing (team work and line flow).

Music: Intonation, rhythm, stage presence, interpretation, blend and cohesiveness (if group), melody line, style, lyrics (if vocal).

DIVISIONS

Creative Writing Categories that include:

Poetry, Essay
Personal Experience
Short, Short Story,
Monologue/Duologue,
Special Recognition



Dance Categories that include:

Solo & Group
Ambulatory and Wheelchair
Structured, Novelty
Country, Line Dancing
Folk/Ethnic/Cultural
Interpretive Movement
Tap, Jazz, Ballet
Liturgical, Freestyle
Senior and Special Recognition



Drama Categories that include:

Solo and Group Original &
Existing Works
Prose and Poetry
Comedy
Interpretive Performance
Mime, Juggling, Magic
Puppetry/Ventriloquism
Multimedia Video
Senior and Special Recognition



Music Categories that include:

Solo or Group
Instrumental and Vocal
Original Compositions
Senior and Special Recognition

